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Original Department.

Communications.

CARBOLIC ACID IN ECZEMA.

By D. S. Reynolds, M. D.,

Of Louisville, Ky.

I desire to occupy the attention of your readers for a few moments, not with the details of anything original. Yet there is something in the way of duty, an obligation due to the medical profession, from every individual member, that binds him to aid in confirming recently developed facts, or principles in science. It is a feeling of this character of obligation, that prompts me to offer to the profession the details of the treatment of a few cases of *Eczema*.

Believing, as I do, that confirmatory evil dence is second in importance only to original experimentation, in the demonstration of facts.

Case 1.—A negro girl, aged 9 years, rather small of her age, but well proportioned, had enjoyed good health since her "second summer," during which -her mother says—she had "the bowel complaint." She bears marks of the strumous taint, as most negroes do.

Came to my office with her mother, January 28th, 1869. She complained of constipation, loss of appetite, and an intolerable itching of the face and scalp, which was thickly coated with a yellow scab. The disease was confluent, the eyelids were intensely swollen, so much so that it was impossible for her to separate them. She had been treated—so I was informed—by a very respectable and intelligent physician of this city, during the past two weeks, without benefit. The mother exhibited to me a bottle containing a clear fluid substance, which I took to be a solutionof sodæ bicarb., in water. This, she said, had been assiduously applied during the period of Dr. ——'s attendance. She had also given the child small doses of castor oil every morning. The treatment was certainly orthodox, but this was apparently a very obstinate case, as many cases of eczema are. Now, I thought, if the "alkaline" treatment had failed to arrest the progress of this great destroyer of juvenile happiness, that carbolic acid, cautiously applied, would make matters but little worse, if it failed to confer benefit, and I determined to make, at least, one application. Accordingly I pre scribed:

℞. Carbolic acid, cryst., gr. ij.
Olei olivæ, ℥ss.
Fiat solutio. M.
Sig.—Apply at once.

I directed that the parts be immediately cleansed with tepid water without soap, before making the application.

I then directed ten grains of sulphite of soda, to be given in water, every two hours, and report at my office at 8 A. M., on the morrow.

January 29—8 A. M.—J. M. called to ask me to go and see his child. I found her about same as yesterday, only she complained less of heat and itching. The swelling in the eyelids somewhat abated; can open them just enough to enable me to see the ball, perhaps half a line. Tongue coated with a thick white furr; bowels not moved for two days. Ordered a tablespoonful of castor oil to be given at once.

Skin looks clean, but appears somewhat corrugated. I directed the surface of the face and scalp to be bathed in tepid water, and prescribed

℞ Acid carbolic, cryst, gr. xvj.
Olei olivæ ℥ij.
Fiet solutio. M.
Sig.—Apply night and morning.

January 30th.—Called at J. M.'s in Congress street, and found my patient very much improved; can open her eyes almost as well as ever she could; bowels have moved copiously; skin becoming smooth; no itching; disease spreading over the neck and chest; ordered the powders to be continued, and the carbolic acid mixture to be applied to neck and chest in the same manner as to head and face.

February 2d, 6 P. M.—Called at J. M's, find my patient greatly improved. She now sits up in bed, and is devouring the leg of a stewed hen with an avidity that would do credit to one of the canine species after a two days' fox chase. Says she is well; continue dressing once per day; omit the powders; is to have anything she wants to eat; may be allowed to run about the yard.

February 8th.—Saw J. M's child playing on the street; she is quite well, and says "I don't want no more of that ar stuff what you put on my face."

Case 2.—F. P's son, 5 years old, is a remarkably intellectual little fellow, of healthy parents, and free from any evidences of constitutional taint. I was called to see him February 6th. I found his right cheek covered with yellow scabs and vesicles, in irregular patches, extending up over the temporal region, and scattered at greater intervals over a considerable portion of the scalp. He complained of nothing, only the heat and itching; he had slight diarrhœa, with a slightly accelerated pulse. His stools were mostly of a clay color, and very watery. The disease was first observed at the angle of the mouth, in the form of a little patch of vesicles, on yesterday morning; has developed itself since that time. He says "it burns."

I directed the scabs to be removed thrice daily with tepid water. After each cleansing to apply a solution of carbolic acid, in olive oil, ten grains to the ounce, and directed six grains of sulphite of soda to be given every three hours in milk.

Feb. 7th. Mrs. Paul called this morning to inform me that "Eddy's face is, if anything, a little better." She says he slept well and does not complain of itching, since the morning dressing was applied; his bowels have not moved since ten o'clock last night.

Feb. 9th. Mrs. P. informs me that Eddy is doing well, only that he refuses the milk with the sodæ sulphis in it; has permission to discontinue its use; the dressing is to be applied twice daily, for two or three days, at the expiration of which, Eddy is to be brought to my office.

Feb. 11. There are some vesicles to be seen on the forehead and upper eyelid; strict attention is to be directed to these parts, and the dressing kept constantly applied; he is to be kept in the house, and brought back Saturday.

Feb. 13th. Saturday evening, Mrs. P. called with little Eddy; he is almost entirely well.—The dressing is to be continued once per day until the skin becomes perfectly smooth.

I was called on the 21st of the same month to see another member of the family, and found Eddy perfectly well, with only a slight discoloration to mark the seat of his previous disease.

Case 3.—Little Laura B., aged 2 years has always enjoyed excellent health; no hereditary taint, has had *Eczema* of both lids of the left eye, extending sparsedly over the forehead, during the past six weeks; has been treated during that time without benefit.

April 27, '69. Ordered scabs to be thoroughly rubbed with tepid water three times daily, and a solution of carbolic acid in olive oil, three grains to the ounce, to be applied freely, after each bathing, the parts to be covered with a thin piece of old muslin, three grains of sulphite of soda to be given every four hours in milk.

April 29th. Child seems no better, and refused the soda. Ordered the quantity of carbolic acid to be doubled, omit the powder; the child has been scratching the eyelids; they are now completely closed; she frets and cries most all the time.

May 1st. Was called early this morning; find my patient no better, except perhaps a little abatement of the swelling in the lids. The other eye is becoming affected; ordered the carbolic acid increased to ten grains to the ounce of oil, and the cloth to be kept constantly saturated with the mixture. Did not see her again until May 4th; found her very remarkably improved; directed the dressing to be continued until all the swelling disappears and the skin becomes clean and quite smooth.

May 9. I and Dr. A. were driving down Portland Avenue this evening, and called to see Laura B. She is now quite well; there is

slight injection of the ocular conjunctiva of the left eye, not enough to require any attention beyond cold bathing. I told her mother to report soon, if the eye did not improve satisfactorily. I heard no more from her until one day last week, when her mother brought her in to see me. She was then *perfectly* well. Mrs. B. expressed her gratitute very warmly, and confirmed it before leaving the office by placing into my hand a certain amount of that article which is said to be the "root of all evil," it was chiefly of a greenish hue, and had a cross stamped upon its back. I am confident that it was bestowed in a sense of Christian duty.

REMARKS.

It will be observed that sulphite of soda was ordered in all these cases, but was not taken to any considerable extent by case No. 2; and not at all by case No. 3. Yet they all recovered. It may be, that they would have recovered much sooner had they taken it, in fact I believe they would, because, I conceive that fermentative processes in the lower part of the stomach and bowels, are almost as constant as the eruption, in eczematous and impetigenous forms of disease.

I have treated eczema, with the sulphite alone, administered per viam longam, and applied externally at the same time, with good results, but the carbolic acid treatment is the most satisfactory mode with which I have any acquaintance, because, 1st. It soothes the irritation; 2nd. It relieves pain and itching; 3d. It acts speedily, in many cases effecting a complete cure in from eight to twelve days.

4th. The irritative action of the atmosphere is overcome without the use of cotton butting, or oiled silk, which is not only very difficult to retain upon an uneven surface, but often times proves a source of great inconvenience to the patient.

I have selected these three cases as the subject of my paper, because Eczema is often a very obstinate disease, and because these cases, at any rate, two of them, show, in a most satisfactory manner, that carbolic acid is of great value as a curative agent, and I think where there is an indication for an anti-septic, astringent and sedative agent, combined in one substance, that carbolic acid is *the remedy par excellence.*

—— Assistant Surgeon Gillespie is detached from the Mare Island Navy Yard, and ordered to the *Mohican.*

PERTUSSIS.

By E. W. Seymour, M. D.,

Of Junction City, Kansas.

Whooping-cough is a disease, the pathology of which has not as yet been definitely made out. But that it is a disease of the nervous system particularly affecting the pneumogastric and vagus nerves seems to be generally conceded, and that it is an *opprobrium medici*, witness the long list of remedies proposed for its cure, and the number of deaths annually reported from this cause alone and its complications.

In the present article, I do not propose to offer anything new, as to its pathology, but will relate from memory two instances of sequelæ of the disease, which go to show its powerful influence over the nervous system, and also I have to present a remedy, which seems to me to be the long-sought desideratum for its cure.

While living in Ohio, a few years ago, I became acquainted with a boy, 22 years of age, who arrested my attention from several marked characteristics; his mind apparently being undeveloped, and incapable of becoming so in a great degree; and while his bodily stature was that of a man, his cranium was very small, and seemed to have ceased growing in childhood, while the rest of the head, the face, &c., had grown, thus giving them an unseemly, prominent appearance. Being quite interested in the youth, I made the acquaintance of his mother, and from her learned the following facts: At the age of 6 or 7 years, he had an attack of severe, uncomplicated whooping-cough, which was very hard and persistent, continuing for several months without abatement.

But eventually he recovered or wore it out, but since that time his head has ceased to grow, and the little hat he then wore, his mother still keeps, and it fits him perfectly yet. (I am sorry that I did not take the measurements, but as I did not, I cannot give them). His general health since has been robust, and all his bodily functions have been perfectly performed; but not so with his mental ones. At the time of the attack, he was able to read a little, but since then has forgotten it entirely; and though he has been under the care of various and competent teachers, it has been utterly impossible for him to acquire much knowledge, or anything

akin to it. Still his memory for natural events seems to be perfect, as, should he see an acrobat perform or a horse run away, he will describe it perfectly years afterward; but should he learn his letters he forgets them the next day. He can describe his father's house and its location, but cannot remember its number in the street. And so with a good memory for natural events, he seems to have no capability for acquiring, what might be called *artificial* knowledge, i. e., such as is generally derived from books. His moral nature is likewise singularly affected, for he has become that *vara avis*, a perfect specimen of negative virtue. He sins not, because he cannot. Has apparently no power of learning anything bad or wrong. Goes to no bad places, not from principle, but from instinct; and though he should be with swearing men for a year at a time, seems not to be able to acquire the power or habit of using oaths. His usual utterance of words is indistinct, but he talks intelligibly and connectedly; is regular in his attendance on public worship and Sunday school, though probably he does not understand a word of what he hears there.

This sketch of his case is necessarily imperfect, as I took no written notes of it, but is very interesting, as showing the powerful result the whooping cough may have upon the human system.

The next case is that of a child of a year old, who, though the attack of the cough was light and of short duration, commenced immediately to lose its incisor teeth and all at once. The nutrition of the teeth was impaired and they commenced gradually to decay, beginning at the incisive edge of the crown; first the enamel would soften off and then the dentine would assume a grayish green hue and become of the consistence of hard cheese, and when extracted, each root had a large pulpy ulcer, which had shut off the nutrient vessels and must have been excesively painful. In no other way can I account for the sudden premature decay of teeth in a child so young, than as a sequela of whooping cough.

And now for the *treatment*. In the younger days of my practice I had lost several cases of this disease, chiefly through complications with convulsions and encephalitis, and have since thought that whoever would discover a sure remedy for this disease would be a public benefactor and save the lives of thousands of the innocents. The chestnut leaves are at present much vaunted as a cure in some portions of the country, but as they don't grow in this portion of Kansas, I have had no opportunity of trying them. I recollect in a former epidemic in the east hearing several gentlemen relating their experience, as to the efficiency of red-clover tea (*trifolium pretense*) in this disease, and as these gentlemen were all of reliable character and good judgment, though not medical men, I resolved to try it, should an opportunity offer.

But none has offered until this spring, and we are now in the midst of an epedemic of the disease. A trial of the clover occurred to my mind, but alas, in Kansas, red-clover at present is as scarce as silver is for currency, and so I bethought myself of a substitute. The odorous, active principle of clover and of tonka beans, I thought must be identical, and so resolved to try the latter. I did so by making a decoction of the beans sliced, and adminstered to the patient ad libitum, and was astonished and surprised to see that in a very short time the disease was modified and not long after stopped. I have used the same medicine in several instances since, and in all save one, with the following result. If the case is a recent one, the spasmodic character of the cough but just commenced, it is mitigated on the second day, and entirely disappears on the third or fourth day. If the cough is of longer duration and has become more firmly established, it takes much longer, but a marked effect is manifest in a week at longest in any of the cases I have had. In the exceptional case, I have mentioned, the tonka bean had the same result as in the others, and the cough had nearly disappeared when the father insisted on the child being vaccinated, and as the arm grew sore the cough returned, but was again allayed by the beans.

With the beans as a remedy I am highly pleased, but have no doubt, but that, if I possessed the *coumabin*, its active principle, I should find it much more efficacious and prompt in its results, and hope that others will give it a trial and report its result in their hands.

THE NATURAL CHEMISTRY OF PHYSIOLOGY.

By J. H. Griscom, M. D.,
Of New York.

One branch of the New York Academy of Medicine is the "Section of Obstetrics and Diseases of Women and Children," which meets monthly, at the residence of its President, Dr. Mark Blumenthal, and discusses pro-

fessional subjects vigorously. At the meeting held last May, the following paper was presented by Dr. JOHN H. GRISCOM :

The Natural Chemistry of Physiology is of course understood to be the true basis of corporeal organization, the difference of the numerous animal tissues being dependent upon their varied compositions. The same principle is also applicable to the numerous secretory functions, the healthful operation of each being dependent upon the normal composition of the materials included in the functional operations. The privation of any one or more of the numerous materials devoted to the structure, or the presence of some *abnormal* materials, necessarily produces derangement of the functions, which we designate *disease*.— One of the most frequent sources of organic and functional disturbances, and of the privation of the vigor and soundness of many of the functions, is the deficient chemical composition of the tissues concerned therein, frequently resulting in abnormal tissues, and the development of unnatural secretions.

The irritation and diseased condition of various structures is necessarily the consequence thereof, and the *amendments* thereof depend upon the chemical *correction* of the fluid and solid tissues. Diseases of the skin, such as furuncles, carbuncles, erysipelas, urticaria, eczema, and many others, are almost wholly attributable to the chemical derangement of the nutritious sanguineous fluid. Under these circumstances, the internal structures being deprived, to a certain extent, of the composition which is required for the perfect operation essential to good health, to the development of tissues and secretions, and correctness of functions, these normal operations being thus impaired, the materials thereby retained are submitted to the high temperature of the organization, and necessarily undergo more or less decomposition and fermentation, thereby giving rise to abnormal chemical constituents, which being innutritious are necessarily poisonous, and being absorbed into the circulation give bad results in very numerous modes, thereby causing a large proportion of well known complaints.

It is therefore a great desideratum to have some means whereby the decomposition of the internal matters referred to, may be prevented, and vicious influences thereof upon other tissues avoided, even where the foul substances have been absorbed into the blood. Many *other* diseases are also well known to result from the absorption into the circulation *from without* of certain poisonous influences, which thereby cause derangements, very often fatal. Of this class of disorders a few marked illustrations are Scarlatina, Small Pox, Typhus Fever, Yellow Fever, Cholera, and Syphilis, which are the results of the presence in the circulation of certain foreign influences productive of deranged chemico-physiologic powers. The applicability of some means for the arrestation and prevention of the decomposition of the tissues and secretions, and thereby enabling all the functions to remain normal, and assisting them to perform their requisite duties, is of course of great importance, and it is one of the most happy results of the intelligence and faithfulness of many medical practitioners, that many articles of the materia medica have proved useful for said purpose.

In no other common disorder than the subject of this section's present consideration, viz : Diarrhœa, is the capacity of certain articles of the materia medica more markedly successful, although the therapeutic influence of the articles now generally employed therefor, were almost wholly accidently discovered, not being based on chemical science.

In this particular disorder, and also in almost all others derived from zymotic causes, it is a very felicitous circumstance that we are now in possession of a means for the arrestation of the influence of nearly all those abnormal and poisonous influences. The antiseptic and disinfectant powers of several chemical materials by their application to very numerous animal and vegetable compounds which undergo decomposition and fermentation when exposed to the atmosphere, and especially to the heat of dwellings and the high temperature of the sun, have long been appreciated and used for the purpose by external applications ; and of these antiseptic properties it is a very happy circumstance that there are some materials equally useful for the prevention of the same effects in the *interior* of the human organization, by introduction therein.

Of the antiseptic materials long known as valuable for external use, there are a few which have been used internally for very numerous reasons, and found equally useful in both applications, viz : carbolic acid, pure carbon, sulphurous acid and nitrous acid. Of the first named article, very numerous illustrations of its hygienic powers, both in surgical and other occasions, have been reported, but

of the sulphurous acid its long and well known antiseptic property has been ascertained to be remarkably useful in many internal diseases, and with that my own experience has been most abundantly and happily successful.

In every case of diseases resulting from zymotic causes, which have fallen under my care and responsibility during the past five years, also a considerable number which, in general, are not attributable to that source, the use of this particular article has, without an exception, proved to be hygienic in the organization, not only suspending the functional disturbance, but also restoring the normal and healthy condition, and thereby removing almost all symptoms of disease.

In nearly all the disorders heretofore named, and also in dyspepsia, cholera infantum, cholera morbus, diarrhœa, dysentery, and intermittent fever, the corrective influence of sulphurous acid has manifested itself almost invariably, and its combination with the other therapeutic agents which have been the basis of treatment for a long time, has greatly aided them therein, though, in most instances, it alone has proved fully effective.

The form of administration of this remedy which alone I have used, is that of the sulphite of soda, which, when inserted into the digestive organ, very probably undergoes decomposition, and thereby both the articles of its composition, viz., the acid and the alkali, exert a corrective influence upon all tissues and secretions with which they come in contact.

Of the immediate influence of this article upon the subject of our present consideration (Diarrhœa), I have very recently had evidence in two cases, one a child two years of age, the other a lady near sixty.

In both cases a single dose of soda sulphis, in the former five grains, in the latter twenty-four grains, caused immediate suspension of the symptoms and a complete restoration of health in forty-eight hours, by a few repetitions of it. In another recent very serious case of typhoid fever, a lady of thirty years of age, whom I saw in consultation after about four weeks illness, and of which disease the family physician had asserted certain fatality, the administration of this article, which I suggested, was followed with a complete restoration of health in a fortnight.

In two cases of Scarlatina also, this spring, equally successful results were produced in a very short time by the same remedy, administered in combination with febrifuges and other remedies appropriate to the peculiar symptoms of each case.

Medical Societies.

MEDICAL SOCIETY OF W. VIRGINIA.

This Society met at Clarksburg, on Thursday, June 2, President H. W. Brook, of Morgantown, in the chair. The session opened with prayer by Rev. Wade. The President delivered his address on "The duty of the physician to make the practice of his profession the chief business of his life,"—able and interesting.

Dr. Bowcock, of Clarksburg, and Dr. Huskill, of West Liberty, were elected members. An essay on "Medical Fraternity" was read by Dr. Ramsay.

Dr. Ramsay reported an interesting cure by electricity of *amaurosis*. A resolution to divide the State into four districts with two members in each to report on the medical botany of the State was adopted. Dr. Ramsay reported a fee bill, which was recommitted. A resolution to memorialize the Legislature to appoint a State Geologist was adopted. An election resulted—President, J. W. Ramsay; V. Presidents, Dr. Hildreth, of Wheeling; Dr. Bronson, of Upshur; Dr. Cooper of Wellsburg; Treasurer, Dr. J. C. Hupp, of Wheeling; Secretary, Dr. Lazell, of Fairmont; Board of Censors, Drs. Bates, Borkebile, Brock, Baird, Allen, Legge and Campbell.

The meeting in 1870 will be held at Parkersburg.

BROOME COUNTY N. Y. MEDICAL SOCIETY.

THE SEMI-ANNUAL MEETING.

The semi-annual meeting of the Society was held at Binghampton, on the 11th ultimo, at half-past one o'clock P. M. Dr. S. H. French, in the chair.

The President announced the special order of business, that of reporting cases occuring in the practice of members.

Dr. Crafts made mention of a case of membranous croup, at present under his care apparently doing well.

Dr. Freeman stated the peculiarities of a case of oblique inguinal hernia, in which the hypodermic injection of sulphate of morphine was very effectual in assisting the reduction.

Dr. J. G. Orton presented the report of a case of ovarian dropsy, of two years' duration, in which he had performed the operation of ovariotomy, removing a tumor and its contents weighing twenty-seven pounds. Complete and rapid recovery followed.

Dr. L. D. Witherill reported a case of opium poisoning, in which the administration of belladonna appeared to have a controlling influence; the patient recovered.

Dr. S. H. French 2d, reported a fatal case of opium poisoning, in which belladonna had been used to no purpose.

Dr. J. H. Chittenden also reported a similar case.

Dr. J. C. Edson reported a case of hydrocele of very large size. Operation successful.

Dr. L. Griffin presented the minutes of an interesting case of cystic disease, in which he had been called in counsel.

Dr. S. H. Harrington reported a case of an extensive incised wound of the knee joint.

Dr. J. G. Orton, as Secretary, read a communication which he had solicited from Dr. L. H. Allen, of Owego, descriptive of a very rare, interesting and instructive case of fatty degeneration of the liver, of the waxy variety, occurring in a child of only five months of age.

THE NEW YORK ACADEMY OF MEDICINE.

We clip from a New York daily paper the following in reference to the meeting of the New York Academy of Medicine, held on the evening of the 17th.

Dr. STEPHEN ROGERS read a paper on

SUMMER MORTALITY.

The Doctor prefaced his paper by remarking that there was always a marked and startling increase of mortality in large cities during the hot seasons of the year, and it was important to the medical profession to look into the causes of this increase. He then proceded to read some statistics, the summing up of which showed that while his assumption no doubt held good in reference to New York, it was not true of either London or Paris; in both of which cities the death rate is greatest during the cold months. He then proceded to remark that it was really not so much a uniformly high temperature as a sudden increase of temperature which produced marked aftal results, and even this was only the case when such an increase was upon an original temperature of about 80 degrees Fahrenheit. The most obvious form in which such fatal results were apparent was that of sun stroke, upon which the Doctor proceeded to dilate at considerable length, but without presenting anything particularly new in reference thereto, except to propound the somewhat startling theories that whereas the human body is much cooler unclothed than clothed, therefore, it would be best for all persons during the hot weather to wear as little clothing as the laws of society will permit, and, secondly, that ice-water is an excellent means of producing coolness, its use in unlimited quantities must be beneficial to over-heated humanity. Most of the remainder of the paper was devoted to a disquisition on the clothing and feeding of babies, in which Dr. ROGERS discountenanced the use of flannels as clothing for infants, and recommended, when the milk of the mother proved insufficient, either in quantity or quality, for the proper nourishment of the child, unadulterated cow's milk alone should be used as a substitute. At the close of the paper, Drs. POST and GARRISH made some remarks, both taking pretty strong ground against nearly all of Dr. ROGERS's position. The Academy then adjourned for two weeks.

CENTRAL NEW YORK MEDICAL ASSOCIATION.

The second annual meeting of the Central New York Medical Association was held at Rochester, June 16th.

The following gentlemen are the officers of the Association: President, E. M. Moore, Rochester; Vice Presidents, Alfred Boultre and Samuel West; Secretary, T. S. Brinkerhoff; Secretary pro. tem., Edward Hull; Treasurer, Alfred Mercer.

Dr. Wm. T. Plant, of Onondaga, read a paper upon the "Ordeal Bean of Old Calabar."

Dr. Edward Hall, of Cayuga, read a paper on "Double Uterus," relating several very interesting cases in his own practice, and referring to leading authorities upon the subject.

Dr. Samuel Weed, of Wayne, read an essay upon "The use of ice as a therapeutic agent."

A paper on Asthenopia, was read by Dr. E. M. Curtiss, of Oswego. He discussed the diagnosis and pathology of the condition of the eye in full.

Dr. Didama offered the following resolution, which was adopted:

Resolved, That all papers approved by the Publication Committee be approved by the Secretary for publication in any respectable medical journals which he may select, with the understanding that due credit is to be given to the authors and the Association.

The President, Dr. E. M. Moore, gave the Association a very practical and useful address on the rare accident, the "Colle's Fracture," giving full details of several cases which he was able to examine anatomically within a few hours after the injury was received.

The Association adjourned to meet at Syracuse on the 3d day of December next.

Care of Sick and Wounded Soldiers.

Regret was expressed, according to the *Correspondence de Berlin*, that the United States was not represented at the International Conference held at Berlin, relative to the care of wounded soldiers in time of war, and a member of the Prussian committee proposed a resolution, which passed unanimously, expressive of their regret that no delegate from the United States was present, and instructing the committee to send the report and particulars of their sessions to the United States Government, and to the various societies for the care of wounded soldiers.

Editorial Department.

Periscope.

Fracture of the Scapula.

E. E. Coleman, M. D., of St. Louis, Mo., contributes the following case to the *Med. Archives*, June, 1869:

On December 19, 1867, I was called to see Mrs. P., æt. 53, of delicate frame and nervous temperament, who, while stooping, in the act of making a fire, was struck on the shoulder with such force by a piece of plaster falling from the ceiling, as to prostrate her on the floor, from which she was unable to rise, until assisted by her children, by whom she was placed in bed, where, on my arrival, I found her in a very excited condition, and complaining of excruciating pain whenever she attempted to move.

On examination I found, with much contusion of the soft parts, a fracture of the body of the scapula, extending through the spine, about an inch and a half from its lower extremity, for which I applied the usual dressing, in such cases, of compress and roller around the chest, and fixing the arm so as to immobilize the parts. The case progressed satisfactorily for several weeks, when the bandages causing such excoriation of the axilla as to necessitate a different form of dressing, I contrived an appliance which, upon trial, I found to obviate the inconveniences of the roller, while it met all the indications, and was much more simple. This consisted merely of a form of "waist," made of three thicknesses of muslin to give it firmness and strength, and laced over each shoulder, and under the arm of the side opposite the injury, in such manner as to make it fit perfectly tight by lacing. This, as stated, answered an admirable purpose; she could wear it with comfort; in a few days its effects were well marked, and the case progressed favorably until a firm bony union was secured. I have since used the same appliance for fractures of the ribs, and found it equally efficacious. I also exhibited a specimen of it before the Medico-Chirurgical Society, of this city, the members of which were favorably impressed with it, and expressed their determination to use it.

But an interesting phase of the case now commences From the long-continued immobility of the parts there was a false or partial anchylosis of both the shoulder and elbow joints. This I endeavored to overcome by passive motion, and, even under the influence of chloroform, with but partial success. She was unable to straighten the arm, and was barely able to get the hand to her head by carrying the arm forward. She was unable to elevate the elbow in a line with the body, and an effort to raise it by force caused her much pain. On the 10th of April, 1869, while coming down stairs, she missed her footing, and fell a distance of thirteen steps of eight inches rise each. In her efforts to save the affected side, she instinctively threw out her arms, and received the force of the fall on the opposite side. Of course she was considerably jarred by the fall, somewhat bruised, and no little frightened. I was sent for immediately, and being apprised of the nature of her fall before I left my office, expected to find some serious injury, possibly a re-fracture of the same scapula. Before I arrived, she herself had made up her mind for another six months' suffering But, upon examination, I not only found that she had received no fracture, but that she had recovered *complete* use of her "lame arm." Her accident had accomplished, in a moment, that which I had unsuccessfully attempted for fourteen months. Except from the few contusions she had received, no pain or inconvenience followed.

Anomalous Accouchement.

Dr. Wm. J. Burge, M. D., of Atchinson Kansas, reports the following case to the Leavenworth *Medical Herald*:

Mrs. C., a well-formed, healthy woman, primipara, æt. 20, called me at 8 A. M., April 5th, 1869. I found her in the first stage of labor, and in excellent condition, but as the pains reoccurred only about once in ten minutes, I anticipated a tedious case, and left the house promising to return at noon.

At 12 M. I found my patient progressing favorably; presentation natural (vertex); os dilatable; pains more frequent, and no apparent reason for much delay. After watching the case until 4 P. M., and discovering no perceptible advance, I went home to dinner—my patient being but a few steps from my residence. Returning at 5 P. M., everything seemed encouraging; pains at intervals of two minutes, and some progress. Soon after this time the contractions of the uterus became violent, of short duration, and almost incessant. At 9 P. M. the character of the pains continuing as just stated, I commenced giving chloroform, which was very acceptable to the patient, although not pushed to the point of unconciousness. All night long this state of things continued. I was astonished at the slow advance of the child, as there seemed to be no material impediment. The general condition of the woman exhibited no indication for interference. At 2 A. M. I ruptured the membranes, and at 4 A. M. the head was born.—There were two turns of cord around the neck, and it was with some difficulty that I removed them. At the next contraction, with some assistance in the way of traction, the child was born. It was a fine large boy. I thought he was dead, but in a minute or two he showed signs of life, and soon thoroughly revived.

I stopped giving chloroform, though the mother had been concious all the time. Everybody present (the mother not excepted) was delighted. I gave immediately fluid extract secale cornutum ʒj, and waited rather more than half an hour. Then as pain came on, I attempted to deliver the placenta by means of gentle traction on the cord with my left hand, while with my right index finger I tried in vain to reach the distal extremity of the cord. With no warrantable amount of force could I succeed. Resting a few moments longer, and finding my patient losing as I thought too much blood, I determined to extract it. On introducing the hand gradually into the uterus, I grasped about half the diameter of the placenta (centrally), and just above this came upon a bundle of cords which passed up through a firm ring which was about an inch in diameter and perfectly unyielding. Finding it impossible to extract the whole placenta, I concluded to bring away as much as I could: so following down one by one the cords or bundle of vessels above mentioned, till I reached a point where I could break them, I detached them one by one and extracted the principal bulk of the afterbirth. The womb contracted in such a manner that there was no further hemorrhage. It seems to have been a case of complete "encasement" of the placenta, and I suspect this condition obtained during the greater part of the labor, which, to my mind, explains the character of the pains, and the slow progress of the child. I believe the double turn of the cord around the child's neck, drew upon the placenta (which was attached to the fundus) in such a manner as to cause violent irregular contractions of the uterus until the vessels of the placenta at the place of constriction were fairly dissected out, forming a mere bundle of cords. I remained by my patient more than an hour, and finding that she continued comfortable and in good condition, went home and lay down to rest. An hour and a half afterwards I was summoned in haste to see her. I found her palid, pulseless, with blue lips, restless and breathing with difficulty. I grasped the uterus and found it well contracted. Examined instantly and found no flooding. One of the women remarked that she had examined before I came, and she had not bled any. She was perfectly concious. I commenced feeding her with whisky. It was no use, for in ten minutes she was dead. No post-mortem could be obtained. I think she died from mere exhaustion, loss of vital energy produced by the protracted labor. No medicine whatever was administered during the progress of this case, except the chloroform and ergot as mentioned.

Treatment of Tetanus by Large Doses of Quinine.

Mr. Haynes Walton, physician to St. Mary's Hospital, reports in the *Medical Times and Gazette* for Nov. 14, 1868, p. 558, a case of Tetanus healed by the administration of quinine in large doses. It is one in which well marked symptoms of traumatic tetanus, following an extensive burn in an adult, gradually diminished in intensity, and finally disappeared, after the internal administration of quinine, in large doses.

Henry W., aged 28, a telegraph man, was admitted into St. Mary's Hospital, under the care of Mr. Haynes Walton, on March 4, 1868. He was suffering from severe burns of both thighs, both hands and right arm, caused by the explosion of a naphtha lamp. Dressings of carron oil were first applied over the injured surface, and afterwards, when the suppuration became very profuse and fœtid, poultices of linseed meal and charcoal. The man was placed on ordinary diet with the addition of six ounces of port wine, and two grains of quinine with ten minims of tincture of steel were administered three times during the day.

Twelve days after the accident (March 16) the patient complained of some difficulty in opening his mouth. Five grains of calomel were immediately prescribed. The following day the mouth was firmly and almost constantly closed; there was also some stiffness in the cervical muscles, but nothing of the kind was complained of as affecting other parts of the body. The man was now ordered to take sulphate of quinine in ten grain doses three times a day, and also six ounces of port wine and four ounces of brandy. At night twenty minims of laudanum were administered.

For ten days, from the 17th to the 26th of March, the man continued in much the same condition. The pulse was weak, and varied from 108 to 120. He suffered much pain, had violent spasms, and got but very little sleep. On March 27, the eleventh day after the supervention of the tetanic symptoms, he began to improve; the teeth could be separated to the extent of a quarter of an inch, and the spasms became less violent. After March 31, the fifteenth day, he had no severe spasm. He was up and moving about the ward on April 16, and was discharged as cured on May. 9, having been detained in the hospital by an attack of erysipelatous inflammation invading the wound on the right arm.

During the administration of the quinine, which was continued as long as the severer tetanic symptoms were present, the man did not present any sign of cinchonism.

Aphasia.

Henry Mansley, M. D., London, Physician to the West London Hospital, etc., etc., in an article concering aphasia published in *The Lancet*, for Dec. 5th, 1868, p. 721, argues at length against what he terms the "fanciful theory" of M. Broca. The purport of his objections may be gathered from his remarks upon *the physiology of language*, as follows:

I shall begin by asking whether the advocates of Broca's theory have really considered what they definitely mean by it. For my part, I find it impossi-

ble to understand, nor can I satisfy myself that they themselves understand clearly what they mean by the faculty of speech. It is obvious that they do not intend to denote thereby the muscular acts into which states of consciousness are translated: they would hardly locate the muscular act in the posterior part of any convolution. They cannot surely mean the feelings and ideas of the mind which are translated outwards in speech: they would hardly "crib, cabin and confine" all the ideas and feelings in the fragment of a convolution. What, then, is that faculty of speech which they locate there? Having the ideas and the ideational centres which minister to them, and the muscular acts and the motor centres from which they proceed, what other special faculty and nervous centre are required for the phenomena of speech? Broca and his followers seem to have deceived themselves by the creation of a wonderful metaphysical entity distinct from the phenomena, which they call *a speech faculty*, and locate in a portion of the third left frontal convolution. Every idea of the mind is then supposed to be obliged to travel there from the most distant convolutions of both hemispheres, from the north and the south and the east and the west of the brain, to get itself spoken—translated into a muscular act of speech. In no other way can it get outward articulate expression. But if this be so, it will be necessary to suppose that nerve-fibres from all the ideational centres of all the convolutions converge to this particular convolution. We know that communicating fibres, the radiating fibres of the cerebrum, do converge from all parts of the convolutions to the motor centres below; but of any similar fibres converging to a particular convolution, we have not the shadow of any evidence.

Now, the truth is that there is no more a special faculty of speech in the mind than there is a special faculty of dancing, or of writing, or of gesticulation. All the voluntary movements of the body may be called the outward expressions of ideas. The movements of the tongue have not a special kind of connexion with the mental processes, though their connexion is a very intimate one. If a person be dumb, he must use the muscles of some other part of the body to express his ideas, and he may use the muscles of any part that is capable of a variety of motions; these then become his language. A man may learn to write with his toes, but they are not so convenient as the fingers for such purpose, and therefore it is not worth while learning to do so. So with regard to speech: the tongue is the most convenient organ, because it is capable of such a great variety, delicacy and complexity of movement, and because its movements, in conjunction with those of the lips, modify sound, and thus make audible language. But because its muscular acts receive, on this account, a special name—are called speech—they are not special in kind, and have not a more special faculty in the mind than any other definate co-ordinate movement has. Where would the advocates of Broca's theory suppose that the faculty of non-articulate language of an intelligent deaf and dumb person was located? To what particular convolution would they assume that the ideas must travel in order to get themselves expressed in gesture language? Would they locate all the bodily movements in the convolutions?

But it may be that those who uphold Broca's theory would argue that their favorite convolution is the seat, not of the ideas nor of the muscular acts of speech, but of the words in which ideas are clothed for expression. Have they, then, reflected seriously on what words are? A word is nothing more than the artificial mark of the muscular act of speech into which the idea is translated, and a name nothing more than a particular word appropriated to mark a certain idea, so that when heard or seen it may excite the same idea in our minds or a similar idea in other minds. The name or word has no independent vitality; it is merely a conventional sign or symbol differing in different languages; nor is it an indispensable instrument of thought. As the example of Laura Bridgman, who was deaf, dumb, and blind, proves, it is possible to think without words as well as to express thoughts without words. The two essential factors in intelligent speech are the idea and the motor act: the former having its seat in the grey matter of the convolutions; the latter proceeding from the nerve-centres of the motor nerves which go to the tongue and other muscles concerned in speech. The subordination of motor to ideational nerve-centre here is in conformity with the subordination of all other motor centres to the supreme ideational centres; and the muscular acts of speech proceed from their appropriate motor centres just as the muscular acts of a limb which is accomplishing some intelligent purpose proceed from its appropriate motor centres. To say that it is in names we think, and to make of the name an influential factor intervening between the idea and the muscular act of speech, is to mistake names for things; it is to substitute the barren and conventional sign which marks the idea either for the idea itself or for the means of its physical expression, which, as we shall see, do intervene actively in the mental life.

Paralysis of the Hypoglossal Nerve, followed by Sloughing of the Tongue.

Edward Ballard, M. D., reports in the *Medical Times and Gazette*, for March 20th, 1869, page 296, the following case, which, if not unique when the fact of recovery is taken in consideration, is altogether an instance of rare occurrence. The limitation of the disease is not the least extraordinary feature it possesses:

On December 23d last, he was requested by Dr. Fergusson, of Claremont-square, to see with him a gentleman who had been suddenly attacked that day

with difficulty of articulation. He was 78 years of age, and, until within a few weeks of his attack, had never known what it was to be ill—eating and drinking heartily, and living tolerably freely. He had been under Dr. Fergusson's care for a week or two on account of what appeared to be a neuralgic affection in the occipital region, attributed to exposure to a draught while traveling in a railway carriage. On the day in question he had been permitted to take a drive, and while away became all at once unable to articulate freely. He was seen in the evening. The principal symptoms were an inability to pronounce the lingual consonants; the labial consonants and all the vowels he managed very well. There was no drawing of the face, and he could pucker his lips readily. His pulse was quick; but this might have been due to alarm. The tongue was protruded steadily, but slowly, and only to a short distance beyond the teeth, inclining also to the right side. There was difficulty, too, in swallowing both solids and liquids; the attempt to swallow solids seemed to agitate him. The act was performed with manifest effort, the face being distorted in the effort as it is when a person with a sore throat attempts to swallow. Still, the throat was not sore, and there was nothing abnormal about the fauces observable on inspection. He complained still of the pain extending from the nucha towards the occiput, chiefly on the right side. During the succeeding days, although he was supported with such nourishing liquids as he could be induced to swallow—strong beef-tea, soups, milk, etc., together with plenty of wine—his bodily powers steadily weakened, and a distressing cough added to his sufferings. He was unable to clear his throat of the mucus he coughed up, so that it hung about the fauces, rattling there until it was removed mechanically. The saliva also ran from his mouth, evidently because he could not swallow it. The pulse was never less than 98 or 100, and was weak and compressible. The prognosis was most unfavorable.

During the last few days of December, a fœtid odour was observed in the breath, and the tongue, flabby and insensible, lay crushed partially by the teeth on the right side of the mouth.

On January 1st, it was apparent that a great part of the organ was completely dead, and a line of separation having commenced, it was thought advisable to remove the dead portion with the scissors. More than half of the tongue was thus removed, no hæmorrhage following. This operation gave him great relief, and certainly added to his comfort. The ulcerated surface was dressed daily by being painted with a solution of carbolic acid in glycerine. The pain in the back of the head had by this time nearly disappeared, the cough was better, and he gradually acquired greater facility in expectoration.

On January 6, he had improved very much in every way. Although he had lost flesh considerably, he had felt sufficiently strong to sit up in a chair while his bed was made; he swallowed fluids without much effort, and he was free from pain. The wound of the tongue was clean, and the surface was beginning to heal.

On February 26th he was vastly improved, was up, and had been out for a drive more than once; had regained his strength and natural plumpness, and had learned to swallow solids as well as liquids. He had dined that day upon boiled mutton. He articulated even the lingual consonants imperfectly, and there was no difficuly in understanding everything that he said. Still the saliva dropped from the right side of his mouth as he talked, compelling the constant use of his handkerchief. On examining the mouth, it was observable that the right side of the tongue was wanting as far back as the palatal arch, the root of the tongue forming a stump with a prolongation forwards ending in a rounded point on the left side. The death of the tongue was evidently not quite confined to the right side, but had extended to the tip of the organ on both sides.

The treatment he received was chiefly support with wine, brandy, and such food as he could swallow. The back of the neck was kept sore with blistering fluid. Bark and ammonia were given him during the period of the greatest depression, occasional aperients, and towards the latter end of the case he had bromide of potassium given him.

The Diagnosis of Chancres.

Dr. A. C. HAYNES gives the following differential diagnosis of chancres in the Nashville *Journal of Med. and Surg.*, culled from the best authorities.

CONSTITUTIONAL CHANCRE.

1. It has an incubation of about twenty-five days.

2. It comes first from the direct application of the virus of a constitutional chancre. Second, from secondary accidents in a secreting form. Third, sometimes from the blood of a syphilitic person in the secondary period.

3. It occurs most often alone.

4. It will not inoculate itself on the individual who bears it, nor on a person who has the constitutional syphilis.

5. It does not begin with a vesico-pustule, but by a simple erosion, and sometimes by a papule.

6. The constitutional chancre presents itself under the form of a superficial ulceration with edges inclined. This ulceration is covered, in part, by a false membrane, which resembles, in a very marked degree, the spawn of a frog. The borders are of a lively red, the form of the ulceration is generally regular; it suppurates a little.

7. It is rarely painful.

8. It is accompanied, ninety-nine times out of a hundred, by an induration at the base; elastic, chondroide induration, having no characters of inflammatory induration.

9. The lymphatic ganglia in the neighborhood of the chancre become indurated and enlarged, hard and indolent, having no tendency to suppurate.

10. The constitutional chancre produces but very little reaction; has a great tendency to heal; it ulcerates but little, and seldom ever takes on the gangrenous or phogedenic form; it has a very regular march.

11. It is the first apparent manifestation of the syphilitic diathesis; it is then the sign of the general infection of the economy; we sometimes see the roseol, angine, &c., appear before its complete cicatrization.

12. It belongs especially to the human family.

LOCAL CHANCRE.

1. It has no incubation.

2. It comes from the contagion of a local chancre or a virulent bubo.

3. It is generally multiple.

4. It is inoculable, *ad infinitum*, to all individuals including the one who bears it. The pus from the suppurated bubo is inoculable only when it is virulent.

5. It begins with a vesico-pustule.

6. Presents itself under the form of a deep ulceration; the bottom is filled with a species of organic detritus mixed with pus. The borders are as if cut perpendicularly, separated from the adjacent parts.

7. It is nearly always painful.

8. The local chancre is generally accompanied by inflammatory induration, but never by specific induration.

9. It is nearly always accompanied by adenitis in a suppurating form, and sometimes furnishing inoculable pus.

10. It is a very grave local lesion; has a very strong tendency to ulceration; very irregular in its march; has no tendency to heal as the constitutional chancre; it sometimes takes on the phagedenic and gangrenous forms.

11. It is purely a local accident; has no connection whatever with syphilis.

12. Transmissible to some animal species.

Inversion of the Uterus, With Treatment.

Dr. James Blake, Professor of obstetrics and diseases of women and children, Toland Medical College, publishes the following case in the *Pacific Med. and Surg. Jour.*, March, 1869.

The following case of inversion of the uterus is interesting, I think, principally for the instruction it affords for following a different line of treatment from that usually advised.

Mrs. S., æt. 22, was confined of her first child Sept. 27, 1868, after a labor which lasted twelve hours. The labor was stated to be natural, and as she resided in the country some miles from the residence of her medical attendant, the child was born two hours before he arrived; and it is stated that after her labor she seemed to be getting on quite comfortably. The placenta not being delivered at the time of the arrival of the physician, efforts were made to bring it away. After these had been continued some fifteen or twenty minutes, the patient stated that she felt something give way, and almost immediately fainted. The physician then thought the head of a second child was coming, but I believe soon recognized the nature of the tumor. The placenta which was adhering to the inverted uterus was removed. Its removal was followed by a great deal of flooding. Unsuccessful attempts were made to reduce the uterus. After five or six hours another physician was called in, and an attempt was again made at reduction, but owing to the prostration of the patient had to be discontinued, as manipulation of the uterus increased the hemorrhage. After twenty-four hours, the patient having partially rallied, a persistent attempt to replace the uterus was made under the influence of chloroform, but failed.

On the 29th a messenger was dispatched to San Francisco to request me to go up to the case, but as he could not directly find me, another physician returned with him. The next day the patient was kept under the influence of chloroform for three hours whilst attempts were made to reduce the uterus, but without success. They had to be discontinued on account of convulsions coming on, and for two hours the patient was so prostrated that she was expected to die. The inversion was pronounced as irreducible. Three or four days after this last attempt I was again sent for, but on account of professional engagements I was unable to leave the city, besides which, on hearing the history of the case, I concluded that the best time for attempting reduction would be in the third week after labor, at a time when the process of involution is going on most rapidly; and as all hemorrhage had ceased and the patient was comparatively comfortable, I advised the friends to wait until that time, every means being used in the meantime to restore the strength.

On the 22d of Oct. I visited the patient, and found her general health in a most satisfactory state. On vaginal examination, I found the uterus inverted, about the size of a large turkey egg, and wholly contained within the vagina. After the rectum and bladder had been emptied the patient was placed under the influence of chloroform, and the uterus was reduced in thirty minutes. An india rubber ball pessary will dilated was introduced into the vagina and retained for twenty-four hours. The recovery was rapid and perfect. Three days after the reduction she was sitting up, and in a week was walking about. Menstruation occurred in five weeks, and has recurred regularly ever since. She is in fact perfectly well.

The method I used was that advised by Dr. EMMET of New York, and to it I attribute in a great measure the ready reduction. On introduc-

ing the hand into the vagina the fingers were carried up to the neck of the tumor. Here a well marked groove or sulcus was found, caused by the inversion not having entirely obliterated the leowr part of the cervix. Into this groove, the points of the first three fingers were introduced and separated in different directions, so as to stretch the ring which surrounded the neck of the tumor, the body of the uterus lying in the palm of the hand and being slightly compressed by the thumb and little finger. After a few minutes the constricting ring began to yield, and the groove around the upper part of the tumor became deeper, and as above stated, in thirty minutes complete reduction was made.

From the facility with which reduction was effected after it had existed more than three weeks, there can, I think, be no doubt but that the treatment pursued was the right one, although it is not that universally advised in our systematic works on the subject, where it is stated that the difficulties of reduction increase in proportion to the length of time during which the uterus remains inverted, andwe are advised to use every means that our patient can stand short of sacrificing life, in order to effect immediate reduction. My own opinion is, that in those cases in which reduction cannot be performed immediately or within a few minutes after the accident takes piace, the best time for effecting it is that which I have pointed out, or about three weeks after delivery. The fact that the altered position of the uterus does not in the least interfere with the process of involution—as it takes places after delivery—is interesting, and is not what have been supposed *a priori* to have been the case. I had, however, learned that such was the fact from a case I saw some years ago, but in which reduction was not attempted. There can be no doubt that where the accident is at once detected, immediate efforts at reduction are generally advisable, but a very short time is enough to produce a congested state of the uterus, and a contraction of the fibres about the neck, which frequently oppose an insurmountable obstacle to reduction. Fortunately, when this is the case, the hemorrhage can generally be checked by cold or the application of strong styptics, and by keeping the patient on her back and restoring the strength by proper diet, we can wait for the time in which the diminished size of the organ will certainly facilitate its replacement.

Silver Uterine Supporter.

We have before us one of Babcock's Silver Uterine Supporters advertised in our columns. It is a very neat and complete instrument, and well adapted to accomplish the objects of a supporter in cases where an external basis of support is considered advisable.

——Dr. Josiah Atkinson, a well known physician, of Newburyport, Mass., committed suicide recently. Cause, temporary insanity.

Reviews and Book Notices.

Mammoth Cave, Kentucky, By A. D. Binkerd, M. D., Cincinnatti, Ohio, Pamphlet, 95 pp., Price 50 cents; to be had of the author.

This seems a complete and sensible guide book to this extraordinary natural curiosity. The author does not think the cave of any value as a sanitarium, for which it was once used, and we think his reasoning is sound.

Photographs of Diseases of the Skin, taken from Life, under the superintendence of Howard F. Damon, A. M., M. D., etc. Boston. James Campbell. 1867. Series 1 and 2.

The value of the photographic method in recording clinical experience is rapidly becoming appreciated, and these very handsome photographs of skin diseases will contribute to its popularity. They represent a good variety, including eczema, ecthyma, rupia, icthyosis, pemphiguus, etc. The artistic execution is excellent, and the cases chosen typical and well marked. To be sure, we have to do without the discoloration, so peculiar and of such diagnostic importance in some dermatic complaints, but on the other hand we have the consolation of knowing that, color aside, these pictures are faithful records of nature's own handiwork.

Microscopic Examinations of Blood; and Vegetations found in Variola, Vaccina, and Typhoid Fever. By J. A. Salisbury, M. D. New York. Moorhead, Bond & Co. 1868. 8vo. pp. 66.

If we were asked what is the latest theory of disease we should reply the fungoid and animalcular theory, that which, going back to the views of Galen, seeks to explain pathological states by the presence of a morbific something which interferes with the physiological performance of function. Galen, however, had no very clear idea of what this something was, and it is only within the present age that microscopic examination had asserted that the morbific agent is in fact low forms of animal and vegetable life. All animal poisons, contagious, and diseases have by turns been proclaimed to be proofs of this view.

None of the defenders of this latest theory have been more active, none are so "advanced" as Prof. J. H. Salisbury. If his opinions are correct, his discoveries in medicine transcend all others in this century; if incorrect, he adds but another to the long list of blinded enthusiasts, hobby-riders who raise a temporary dust, but soon sink into oblivion.

In the volume whose title we place at the head of this article, he describes the *Biolisis typhoides*, which characterizes typhoid fever, the *Ios variolosa vacciola* the specific cause of small-pox, the *Cryp ta carbunculata* which produces carbuncles, the *Zymotosis escularis* which destroys horses, and other

cryptogams and low forms of life which lead to death. The earlier part of the book gives minute directions how to examine diseased and healthy blood, with a view to discover the various foreign elements, etc., in it. The work is well printed on fine paper, and the illustrations are good. It is worth having as as curiosity, and may turn out to be epoch-making in pathology.

Cases in Orthopedic Surgery. Read before the Massachusetts Medical Society by Buckminister Brown, M. D., with photographic illustrations of the cases presented. Boston, James Campbell, 1869. 1 vol., cloth, 8 vo., pp. 23.

This is a separate publication of an article in the transactions of the Massachusetts Medical Society. It describes twenty cases of deformity, and illustrates them with photographs from casts and from the living subject. The photographs were admirably taken, and the results shown speak most favorably for the progress of modern orthopedic surgery, and the skill of Dr. Brown in using its varied resources.

Transactions of the Homœopathic Medical Society for the State of New York, vol. 6, 1868, 8 vo. pp. 736.

This bulky volume, well printed and well illustrated at the expense of the State, may be taken as a fair index of the activity of homœopathic practitioners, their fidelity to the colors under which they sail, and their devotion to real science. We have turned its pages with especial intent to see what contributions it contained to surgery, anatomy, botany, physiology, chemistry or pathology—those sciences which are not under debate between us and them, and to a large extent at least, are equally important to both.

We speak without bias when we report that there is positively not one article on any of these sciences which contains valuable original matter. Dr. HEDGES gives a description, and not at all a perfect one, of hydrophobia; "hydatids" are the subject of of an essay by Dr. DUNCAN; tænia soluim by Dr. WOODVINE; thermometrical phenomena in disease; fibrous uterine polypi; cocculus indicus. How does it happen that subjects of this nature, offering as they do extended fields for novel investigation and experiment are treated by the best minds in the homœopathic ranks without adding *anything* to general knowledge? The authorities quoted are BEALE, ROKITANSKY, WUNDERLICH, VON SEIBOLD, KIRCHENMEISTER, WEST, GOOCH, etc., all without exception physicians of the much abused "allopathic school." We know how it happens. The man who rides a hobby, who blinds himself by adopting one exclusive idea, incapacitates himself from that free investigation and broad, liberal study of fact, essential to progress in exact science. "*Similia similibus*," and "*contraria contrariis*" are just such hobbies.

As for treatment, we have little to say. Such doses as two drachms of the oil of male fern, two ounces of castor oil, thirty grains of bromide of ammonium (pps. 98,183,) etc., may be "the minimum dose," and strictly homœopathic, but it is certainly not infinitesimal any longer.

We conclude by the frank expression of our opinion, that the homœpathists of New York will merit the respect of intelligent men more, when they show by earnest labor in abstract science that they have a soul above "potencies"

Transactions of the American Ophthalmological Society. Fourth and Fifth Annual Meetings, 1867, 1868. New York. 1869. One Vol. paper 800. pp. 143.

This volume contains a number of very valuable papers, some of which have been published in the journals—a bad custom, which ought to be stopped—and some of which cannot be found elsewere. The Society, we may remind our readers, was founded in 1863. Most of the members are from New York and New England—rather too many of them for the generic name which the Society has assumed—and the meetings have been usually held in one of the north-eastern States.

The first article is a report on the progress of opthalmology for 1865–6, by Dr. B. JOY JEFFRIES, of Boston. It contains a bibliography and the statistics of forty-one opthalmic hospitals and infirmaries. The same writer contributes "A Point in the Physiology of Vision," "A case of Herpes zoster Ophthalmicus," and "Remarks upon the Principle of the Thaumatrope." Dr. JOHN GREEN, of St. Louis, has articles upon the use of leaden styles in disease of the lachrymal sac, and on tests for astigmatism. Dr. H. D. NOYES, of New York treats of astigmatism, retinitis and Graefe's operation for cataract. Dr. MORTON, of Philadelphia describes a case of encephaloid tumor of the eye ball. Drs. G. HAY, of Boston; H. DERBY, of Boston; HOLMES, of Chicago; LORING, of New York; HILDRETH, of Chicago, and WILLIAMS, of Cincinnati, are other contributors.

Farm Impliments and Farm Machinery, and the Principles of their Construction and Use: with Simple and Practical Explanations of the Laws of Motion and Force as Applied on the Farm. With 287 Illustrations. By John J. Thomas. 1 Vol. pp. 302. Price $1.50. Orange Judd & Co., New York city.

This is an excellent work which has been highly appreciated in previous editions by the farming community. The present edition is carefully revised by the author, and largely augmented. It is undoubtedly the best work of the kind in the American market.

——Dr. E. W. DEBOUZE, Dr. FRED. J. MCNULTY and Dr. JOHN H. NORRIS, charged with holding officers' commissions in a regiment being raised for service in Cuba, were arrested in New York at a late hour on the night of the 22d, by United States Deputy Marshals, and lodged in Ludlow street jail.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 3, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

This number begins the 21st volume of the MEDICAL AND SURGICAL REPORTER. A large number of subscriptions are due from this date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

TURNING ANOTHER LEAF.

We herewith present to our readers the initial number of a new volume of the MEDICAL AND SURGICAL REPORTER. To our old friends, we have only to say that we have no backward steps to take. They will see that we appear in a new dress, and with improved general appearance. We are having our printing done under new arrangements, an important item in which is greater promptitude in the execution of the work, whereby we shall be enabled to mail the REPORTER to subscribers several days earlier than heretofore, and thus reach our more distant readers at a date approaching more nearly that of the day of publication. The contents of the last volume are, if anything, more varied and interesting than those of any hitherto published. No volume has ever had so many contributors, and a glance at the list in the index of the volume will exhibit the great interest shown by the profession in the contents of the REPORTER, which has become the great medium of inter-communication between members of the profession all over the country—a means of consultation in important cases, with the best minds in the profession, particularly valuable to the country practitioner, who is, in a great degree, isolated from his brethern. In this connection our department of "*Queries and Replies*" is rapidly growing in interest and importance. We wish this and all the departments of the REPORTER to be well sustained with communications on all subjects of interest to the profession. Let communications be practical and as brief as possible, without sacrificing anything that is really necessary for the elucidation of the subject.

To the many who will from this date become stated readers of the REPORTER, we can promise a weekly installment of communications, mostly original, on all sorts of subjects, which are calculated to excite inquiry and stimulate thought. We hope they will not be silent spectators, but enter with life, animation and intelligence into the debate. Write briefly and to the points without waste of words if you can; if you cannot, write at any rate, and we will make use of such thoughts in your communications as in our view are worth reproducing, giving you due credit for them.

In conclusion, we will say that while we have some things to discourage us in our labors, the balance is very largely on the side of encouragement. Old friends continue to smile on us and give a prompt and liberal moral, intellectual and material support, and their ranks are being daily recruited in an increasing ratio. It shall be our constant endeavor to serve old and fast friends, to bear with and retain, if possible, those who are weak, and to increase the number of those who will aid us in building up American periodical literature.

There are those who persist in looking across the Atlantic only for their medical literature. LET THEM LOOK! They will soon find themselves—if we are any judges of the signs of the times—in the position of one who, in the full blaze of the morning sun as he rises in his majesty, still stands gazing on the stars that are gradually fading from the firmament! Let those stars illumine their own systems and serve us on occasion, but they cannot displace our own lights, if we prove true to our present status and future prospects as a profession.

A long pull, then, a strong pull, and a *pull altogether* to advance the science and art of medicine in America!

PHYSICIANS AS DISPENSERS OF MEDICINE.

At the recent meeting of the American Medical Association, Dr. HERRICK, of Louisiana, offered an amendment to the Code of Ethics, to the effect that physicians ought to resign to competent apothecaries, when such are within reach, "the whole business and profits of dispensing medicine." [See this journal, last volume, p. 425.] This is of a character with the substitute bill offered by the druggists of this city at the last meeting of the State Legislature in reference to the drug trade. This bill provides virtually *that no physician, unless he be also a graduate of the College of Pharmacy, shall open, or have a drug store in the city of Philadelphia.* We speak advisedly on this rendering, having submitted the bill as it appears in the paper book to competent counsel.

Now, both Dr. HERRICK and the Philadelphia druggists are wrong. The education of a physician, his professional standing, and his personal morality and self respect, all not only qualify him, but urge him at times to dispense his own medicines. We urgently recommend physicians to do so much more frequently than is now the custom. We see in this a means to control and limit the adulteration of drugs, and give to therapeutics a certainty which it now largely lacks. In former times, the physician prepared and dispensed very generally his own prescriptions, and this is now the prevailing custom in England. It should be so here.

The innumerable retail drug stores, most of which depend for their living on selling opium to opium-eaters, patent medicines, perfumery, liquors, and segars, are a nuisance in our large cities. Their drugs are bought at the cheapest rates and of the poorest quality. They injure the physician in his practice, and the public in its health.

We sincerely hope that Dr. HERRICK'S proposed amendment to the Code of Ethics will be rejected at the next meeting. If accepted, it will be a step toward undermining the whole of that Code, which should never trench on personal liberty.

It is just as honorable to put up a prescription as to write a prescription, and it is making an untrue distinction, one founded on false ideas of honor and dignity, to decree that a physician can honorably do the one but not the other. Any idea of vulgarity as connected with trade, does not exist in well regulated minds in this country.

The motive of the suggested amendment is that physicians may not "allow their pecuniary interests to compromise their duties to their patients." This is sufficiently vague. Do the thousands of country practitioners who dispense their own medicines allow this? Is it likely that any such regulation will prevent a rogue from cheating, or make an honest man any more honest? It will be an individual hardship to many worthy practitioners, and will never hinder a grasping man from getting unjust gains.

As for the Philadelphia druggists' bill, so coolly calculated to "wipe out" all dispensing doctors in this city, we shall see to it, that the profession here is not caught napping.

CONSUMPTION AND FEVER IN SOUTHERN MEXICO.

Mexico, both as a neighboring country, and as one of great extent and of striking climatic characteristic and contrasts, and of wonderful variety of products of the soil, not to speak of its mineral wealth, must have large claims on our attention. Curiosity is also kept continually on the stretch by the ever changing phases of political life. The topic which just now engages our notice is suggested by the work of a French writer, Dr. Jourdanet, in which he treats of the "Influence of Mexico on the Life of Man." The subject is a complex one, for the several geographical divisions of that country represent regions which, in climate, soil and vegetable productions, are the very opposite of each other. In the South, and along the west, we find tropical heat and vegetation, and disease, in its most malignant form. In central and northern Mexico, on the other hand, with its high table lands, we have the coolness of middle and northern Europe, with its cereals and its pines. Two neighboring States, Yucatan and Tobasco, present strong contrasts in their topographic climate and sanitary characters. "Washed by the waters of the same sea, (Gulf of Mexico) whose temperature is 8 or 9 degrees hotter than that of the Atlantic Ocean in the same parallel, and warmed by the same sun to a heat that often reaches 100 degrees Fahr., in the shade, the nature of the soil in these two districts is so diverse as materially to affect the state of the atmosphere, and the influence which it exerts upon the human economy in each."

In Yucatan the soil is shallow and calcareous, covered in some places by a scanty vegetation, and for the most part arid and destitute of rivers. The atmosphere is heated and dried to such a degree, when the wind is from the land, during the day, as to make life only tolerable by all the resources of art. The contrast to this condition of things offered in the adjoining State of Tobasco is most striking. The greater part of this State is little better than an extensive marsh, from the overflowing at particular seasons of the numerous rivers by which it is intersected, and from the rich, alluvial deposit which they leave. Vegetation, under the combined influence of abundant moisture and a tropical sun, is everywhere so luxuriant that cultivation only is wanted to make this district one of the most fertile in the world. But it is under the influence of such causes that periodical fevers of the worst kind make their appearance, and even the acclimatised Indian and half castes barely live, and without increasing in number. The act of opening the soil is said to bring almost certain death to the white man.

We have here an excellent opportunity for observing the contrasted effects produced by the extreme dryness and moisture of the soil in modifying the influence of a tropical sun upon the human constitution.

In Yucatan, with its dry and calcareous soil, pulmonary consumption, as we hear from M. Jourdanet, ranks among the most common diseases. Different, however, from that slow consumption so generally met with in northern latitudes, and which furnishes matter for the moralist and poet, it is an acute disease which destroys its victims rapidly, and hurries them to the grave without admitting the shadow of hope. The frequency of this disease is very great. Endemic and hereditary at the same time, it seizes both on those who are predisposed to it, and on those whose constitutions might have been supposed to guarantee them against its attacks. Dysentery, in an epidermic form, attributable to the dryness of the soil, is of frequent occurrence and fatality in Yucatan.

In Tobasco inflammatory affections are quite rare, and consumption and pneumonitis are in consequence seldom seen. The cases of the former which are to be found come from Yucatan and other parts of Mexico, and are sent to Tobasco for the sake of the favorable influence which the climate of the latter is known to exert. The same air which generates intermittent and remittent fevers is antagonistic to consumption.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 18.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Treatment of Neuralgia.

[Continued from Bulletin No. 1.]

M. Bertrand, Paris.

152. ℞ Veratriæ, gr. v,
Morphiæ sulphatis, gr. iij.,
Adipis, ʒj. ℳ.

The painful parts to be rubbed with this ointment frequently when the paroxysms of pain are at their height, and as often as they require. Two or three frictions suffice in the majority of cases. M. Bertrand has published a number of cases of facial neuralgia, and of neuralgic headache in which quinine and blisters had been tried without effect, and which yielded promptly to this application.

J. M. Da Costa, M. D.

153. ℞. Extracti conii fluidi, ♏ij.
Ammoniæ muriatis, gr.v.
Syr. aurantii corticis,
Aquæ aa. fʒss. ℳ.

For one dose, ter die.

In neuralgic headache associated with plethora rather than anemia in young women. Also, a drachm of cream of tartar before breakfast, daily, or if necessary twice a day.

154. ℞. Liquoris potassæ arsenitis, gtt. v.
Syrupi rhei aromatici, fʒj. ℳ.

For one dose, ter die after meals. Employed in the facial neuralgia of women. At night apply a hot salt bag to the back of the neck and order the following pill:

155. ℞. Extracti belladonnæ, gr. ¼.
Extracti hyoscyami,
Extracti colocynthidis compositi,
Pulv. zinziberis, aa. gr. j. ℳ

Also, an occasional mustard foot-bath.

*Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

DR. DUMAS, OF MONTPELIER, FRANCE.

156. ℞. Castorei, gr. xxx.
Camphoris, gr. xv.
Pulveris opii, gr. viij.
Confectio. rosæ, q. s.

To be divided into 15 pills and used for nervous affections of the abdominal organs in women.

GUY'S HOSPITAL, LONDON.

157. ℞. Liq. plumbi subacetatis,
Tincturæ opii,
Mellis, aa. f.ʒij.
Confectio. rosæ, ʒj. M.
Fait. linimentum.

This is known in the pharmacopœia of the hospital as Linimentum Plumbi Opiatum and is much used.

LONDON HOSPITAL.

158. ℞. Tincturæ aconiti,
Linimenti saponis, aa. f. ʒj. M.

To be used as an anodyne liniment.

EDWARD JOHN TILT, M. D., ETC., LONDON.

Rectal Suppository.

159. ℞. Extracti hyoscyami, gr. iij.
" belladonnæ, gr. ¼

To be made round, coated with cocoa butter, and introduced at night. This is the suppository Dr. TILT most frequently prescribes, for it relieves pain without constipating.

Vaginal Suppository.

160. ℞. Morphiæ sulphatis, gr. ½
Buttyri cocoæ, q. s.

For one suppository, to be used at night.

Enema.

161. ℞. Battley's solution of opium, f.ʒj.
Tincturæ hyoscyami, f.ʒj.
Aquæ, f.ʒiij. M.

One tablespoonful of this, or double the quantity, to be added to a little warm milk and injected.

Liniments.

162. ℞. Morphiæ sulphatis, gr. viij.,
Atropiæ sulphatis, gr. iv,
Olei rosæ, gtt. ij,
Alcohol, f.ʒss,
Olei olivæ, ad f.ʒiv. M.

This liniment should be shaken before it is used. The sulphate of atropia should be employed, as it is more soluble than atropia, oil is much better than glycerine as the constituent of liniments.

Another excellent and elegant sedative liniment is the following:

163. ℞. Atropiæ sulphatis, gr. viij,
Morphiæ sulphatis, gr. xvj,
Aconitæ, gr. ij,
Acidi sulphuri diluti, ♏ v,
Alcohol, f.ʒss,
Olei olivæ ad f.ʒiv. M.

Or, if a stimulant effect is also desired,

164. ℞. Chloroform, f.ʒss.
Spts. terebinthinæ, f.ʒj,
Camphoris, ʒij,
Olei lavendulæ, ♏ xx,
Olei olivæ ad f.ʒvi.

The first four ingredients should be mixed before adding the oil, and the liniment should be well shaken before it is applied.

EDWARD WAAKES, M. D., LOND. F. L. S. LUTON.

165. ℞. Potassæ bicarbonatis, ʒiss.
Extracti ergotæ fluidi, f.ʒj.
Infusi ergotæ, fʒvj. M.

Two tablespoonsful every four hours in Tic Douleureux.

Dr. AUG. WALLER has found that certain substances, such as atropia, strychnia, morphia, and the tincture of aconite, when mixed with chloroform and applied to the skin, are absorbed rapidly; but if alcohol is used instead of chloroform, absorption is delayed or altogether prevented. The ability of introducing rapidly into the blood these active narcotics, without the use of the hypodermic syringe, will be of much importance in these cases in which even the slight puncture of that instrument is dreaded. It will also be of value in those instances in which it is necessary or advisable to keep up the effect for a long time, as in hydrophobia, chronic neuralgia, tetanus, &c.

Medical Practice in Sweden.

In one of Mr. PRIME'S recent letters to the N. Y. *Observer*, he gives this description of medical life in Sweden:

In Sweden a physician makes no charge whatever for medical attendance, and, what is more remarkable still, very many of the people who can afford to pay for the services of a doctor are willing to avail themselves of such aid without paying anything for it. One physician told me that of ninety-six cases that he had treated within a certain time only six paid him at all! It is customary for those who do pay to pay by the year, and fifty rix dollars, or about twelve American dollars, would be a large sum for persons in good circumstances to give for the benefit of a physician's counsel for a whole year. There is, therefore, no great inducement, in the way of profit, to go into the medical profession. Nor is it an introduction to society, the physician not being in this respect materially above the apothecary in social standing.

The Marvelous Virtues of Pulsatilla—No More Version.

MERCY B. JACKSON, "M. D." claims as her own, the great discovery that a fraction of a drop of tincture of pulsatilla will cause evolution of the child in cases of mal presentation so that the vertex will come down and a preternatural be changed into a natural labor. She denies emphatically that Dr. Bentham is entitled to the credit of this wonderful advance in practical obstetrics. See *The Medical Investigator*, (Homœopathic) p. 243 *et passim*. O tempora! O mores!

Invalid and Fracture Bedsteads.

Some weeks since a correspondent wrote from South Carolina making inquiry for an invalid bed.—We replied—under the head of *Queries and Replies*—that we could give him no information on the subject, as, if such things were made in this country, the makers were too short-sighted to advertise them.—Since then, FURMAN & WELLS, of Addison, Steuben county, N. Y., have sent us a very ingeniously contrived Invalid Bed, simple in its arrangements, on which the patient can recline in several different positions, and having a number of conveniences attached. The cost of the bed is moderate. All it seems to lack to make it almost perfect is a mattress fitted to it. We would suggest to the maker that his chances of sales would be ten times as great if he always furnished a mattress, no matter how plain, with the bedstead. If the purchaser desired a mattress of another material he could easily have one made from the pattern. We would call the attention of the profession to this very convenient bed.—Address the manufacturer, as above, for further information.

We have also received from Dr. M. M. LATTA, of Goshen, Indiana, one of his fracture-beds. It seems to be well adapted for the purpose intended—but as we have no notion of getting a bone fractured for the purpose of testing it, we have sent it to the Pennsylvania Hospital, and may have occasion to speak of it again.

Detroit Medical College.

The first annual Commencement of the Detroit Medical College was held at Young Men's Hall, June 8th. The hall was densely packed early in the evening by a very large audience.

Dr. Jenks, President of the Faculty, conferred upon the candidates the Degree of Doctor of Medicine, presenting them with their diplomas.

Seven of the class were from Michigan, the remainder from other States. In all there were thirty-five.

Prof. T. A. MCGRAW delivered the address.

Valuable Works.

A medical friend offers for sale the *Dictionaire des Sciences Medicales*, in sixty volumes, 8 vo. bound in sheep, also, the *Dictionaire de Medicine et de Chirurgie Pratiques*, in fifteen volumes, half bound in sheep, for fifty cents a volume for both works.

—— The thirteenth operation of ovariotomy in Italy was performed on May 2d, by Professor VANZETTI of Verona. There were extensive adhesions; and, notwithstanding the skill of the operator, the patient died at the end of three days, from peritonitis.

Teetotalism.

The Cleveland *Temperance Era* in commenting on an editorial in this journal in which we spoke of the New York Inebriate Asylum and kindred institutions, says: "Has the learned editor ever turned his attention to the causes which necessitate the building of Inebriate Asylums? Has he ever worked to prevent *this* disease, as he has all others in the list of human ailments? He seems to have settled down to the conclusion that the only way to save thousands from the drunkard's death, is to build Inebriate Asylums? But who ever thinks of forever wiping out the *cause* which leads to the necessity of building and supporting such institutions, where three-fourths of the applicants, who swarm for admission, are the victims of this terrible curse of intemperance. Why not strike the ax at the root of the evil, and, if necessary, banish alcohol, absolutely and irrevocably, from the land?"

Our worthy friend forgets that at least 80 per cent. of the alcohol manufactured in this country is employed in the arts, and further, that even if it were desirable to "banish" it, the thing can't be done. Let us do what we can, and not fold our hands in idleness because we cannot do all we would.

Colored Physicians in the District of Columbia.

Several months ago Doctors Chas. B. Purvis and Alexander T. Augusta, colored, were licensed as practitioners by the Medical Society of the District of Columbia, which has held a charter from Congress for over half a century. This, however, did not make them members of the Society, whereupon they sent in their applications for membership, which were referred, under the constitution of the Association, to a regular committee, which committee reported recently to the largest meeting the Society has held for years. The votes were given as follows: Dr. Purvis, rejected by 55 nays to 11 yeas, and Dr. Augusta, 57 nays to 12 yeas.

It requires a *two-third's* vote of the members *present* to favorably elect. It is due to Doctors Purvis and Augusta to state that they are each in possession of diplomas from regular institutions in this country and Canada, and that they have complied with every rule and regulation demanded by the society from candidates for membership. Dr. Augusta was appointed by Secretary Stanton a surgeon of volunteers, in which capacity he served with such satisfaction that he was breveted lieutenant colonel of volunteers. He is now practicing, by appointment of the city authorities, at the Asylum Hospital, and is professor of practical anatomy at the Howard University.

This occurrence has excited considerable comment from the daily press, &c., and some very bitter expressions. As we are not aware on what grounds these physicians were rejected, we have no comment to make. Certainly color should not have influenced the vote.

Correspondence.

DOMESTIC.

Dr. Tully's Substitute for Dover's Powder.

EDS. MED. AND SURG. REPORTER:

Many physicians have proposed substitutes for Dover's Powder, aiming principally to secure its anodyne and sodorific effect, while escaping the nauseating effect of the ipecac, which, in many persons, utterly forbids its use.

The most successful and deservedly popular of these is Dr. TULLY'S, which is extensively used in Eastern New York, Western Massachusetts, and Vermont.

As Dr. TULLY'S Materia Medica has had but a limited sale, I venture to transcribe his own words concerning this preparation:

"When, in consultation, I find an obstinately dry skin, I always conclude that it is due to an efficient use either of Tartrate of Antimony and Potassa, or of Cephælis Ipecacuanha; and I do not now recollect ever to have found myself mistaken. Consequently, I advise the discontinuance of these agents, and almost always the skin becomes soft and moist. If the use of these articles is resumed, the skin usually becomes dry. This has been the result of many years' observation. After arriving at these results, I communicated with a number of my professional friends and acquaintances upon the subject. I found several of the older ones who had arrived at the same conclusion as myself, and a much greater number who had entirely discontinued the use of these two agents in the then prevalent diseases, because (as they said) they did not seem to be useful, though they had not arrived at my conclusions in manner and form.

"Some time previous to this, I had become satisfied that the Sulphate of Potassa contained in what is commonly called Dover's Powder, was often injurious in the then prevalent diseases, and I had accordingly abandoned that preparation and substituted a mixture of Vinum Cephoælis Ipecacuanha and Tincture of Opium, in the same relative proportions as in Dover's Powder. After employing this for some time, I found the proportion of Cephaælis too great, and therefore I diminished it and kept diminishing it till I got rid of it entirely. I then contrived a substitute for Dover's Powder, in ten grains of which there were one grain of opium and three grains of camphor, the remainder being a mixture of equal parts powder of the root of glycyrrhiza glabra and prepared soft carbonate of calcia. The last two ingredients were added to prevent the other two from concreting into minute masses, to render the camphor less volatile, to cover the taste of the opium and to give the whole such a bulk as would allow it to be divided into suitable doses for small children. After the salts of the oxyd of morphium became sufficiently common, I substituted a sixth of a grain of the sulphate, for the grain of opium in this preparation, which now constitutes a far more eligible preparation than the old Dover's Powder. I have never known any one to give it a fair trial, who did not prefer it to Dover's Powders. So extensively has its use spread that I have heard of its employment in several of our Southern States, and even in Asiatic Turkey."

Without endorsing Dr. TULLY'S peculiar views on the action of so-called Diaphoretics, I would bear testimony to the value and convenience of this combination, which prepared, according to this formula, is kept on the shelves of all apothecaries in this region under the name of "Tully's Powder."

But my ultimate purpose in this communication is to bring before the profession a modification of this, which adds very materially to its convenience and range of usefulness.

The late Dr. BRINSMADE of this city, a short time before his death, substituted sugar for liquorice root in preparing Tully's powder, very much to his satisfaction, and in his modest way mentioned the fact to a very few of his most intimate friends, from whom it gradually spread; all once using this form continued to do so. The addition of sugar renders this powder readily miscible in water, and the most convenient form for administering small doses of morphia, especially to children and persons of delicate stomachs, within my knowledge. As Dr. Tully's name has become inseparably associated with his modification of Dover's powder, I have ventured to send the annexed formula and call it

DR. BRINSMADE'S DIAPHORETIC POWDER.

℞. Morphiæ sulph. ʒj.
Camphor,
Cretæ prep.
Saccharum, aa. ʒxx.
Misce (intimately).

Of this ten grains contains very nearly one sixth of a grain of morphia, and any person who tries that quantity in a teaspoonful of cold water will at once realize its eligibility over any other anodyne powder.

G. H. H.

Troy, N. Y., June 22d, 1869.

Laws Regulating the Practice of Physic in Minnesota.

EDITORS MED AND SURG. REPORTER:

In one of your recent numbers I see that you have published entire the law passed by our Legislature for the prorection of the community against empiricism. The law in itself is as near right as we can get for the present, still I regret to see that some of the sections are favorable to those who have been taken into County, State, and District Medical Societies, the evils effects of which is appa-

rent to all. Recently the Homœopathic met at St. Paul, and their Censors granted certificates to two non-professional men in this county, whom under the State law passed last winter, have as much right to practice as the graduates of our best medical colleges.

I notice by the St. Paul papers that the Eclectict have formed a State Medical Society. Of course their members will have the same privileges as those who have been regularly educated.

Hence I say that the section in our bill which give Medical Societies the power to grant certificates to practice medicine is wrong, and is doing, and will do, a great injustice to the profession of medicine, and the community at large.

When our bill last winter was before the Legislature, the subject at one time was considered by some of our law-makers as not within their Province. Through the exertion of Dr. S. B. Sheardon, and others, the subject was finally acted upon, and the bill which you have published became a law.

The community and the profession have at last, after a long silence, taken the subject under consideration, and 'tis hoped that good results may follow

Common law protects us in our lives and property. Felony is punished throughout the length and breadth. of the land; then, why should not the community be protected from evil-minded and ignorant quacks? What are our laws for? Why are we taxed if it be not for the general good of the community? Hence all laws that will protect us from the evils of quackery and ignorance shoudl be vigorously enforced.

The medical journals have not agitated the subject enough. Much good, no doubt, will result from a free, candid and honest expression of our medical editors, and it is to be hoped that this subject will be freely discussed by our medical journals.

FRANCIS H. MILLIGAN, M. D.

Wabashaw, Minn.

A Curious Freak of Hysteria.

EDITORS OF THE MED. AND SURG. REPORTER:

I was called on to remove, on Saturday last, a needle from the breast of a young lady, Miss H., living in this city. The needle, when extracted, measured nearly three inches in length; its head had been broken off, while the surface presented a corroded appearance. She told me it was about a year since the accident had happened.

The needle lay diagonally across the chest; its upper end being near the termination of the middle third of the ensiform cartilage and its lower end was just at the periphery of the left breast. The whole of it was imbedded in the subcutaneous tissue, there being no external orifice nor cicatrix to indicate its entrance. I found upon inquiry that four other needles had been removed from time to time by different physicians from her person.

She could not give a satisfactory reason to account for their insertion, neither was I able to gather much in regard to her former history, yet sufficient to confirm me in the belief that these needles had been voluntarily inserted by herself while laboring under a temporary attack of hallucination, caused by that perplexing and multiversant disease, Hysteria.

This case is not without precedent, as there have been published occasionally in Medical Journals, cases of a similar character. Among the most wonderful cases of this kind which have come to my knowledge, are the following: One case, published *Philadelphia Medical Examiner*, March, 1845, in which sixteen sewing needles and four pins (headless,) were extracted from the wrist of a girl living in Jefferson county, New York; and again, in the *London Medical Intelligencer*, of November, 1822, is recorded "A most dreadful case of hysteria, which for several years appeared under the most varied and violent forms," from whom two hundred and seventy-three needles were extracted from different parts of the body in the short space of eighteen months.

Undoubtedly many other interesting cases have occurred, which have never been published through neglect on the part of the observer; and should this account draw forth further confirmation from any, I should be most happy to be informed of it.

ROBERT H. CHASE, M. D.

Philadelphia Dispensary, 6 mo. 28, '69.

NEWS AND MISCELLANY.

Burning of St. Louis Medical College.

We have received the following correction from Prof. J. J. MCDOWELL, of St. Louis, and are glad to learn that the damage was so much less than reported.

MESSRS. EDITORS: In a late number of your valuable Journal (of which I am a subscriber), you state that the college building of the St Louis Medical College had been destroyed by fire. This is a mistake, as the College building proper was not injured by the fire, and Anatomical and Pathological Museum were not even endangered. The building burned was adjoining the College, and the museum injured was a collection of natural history belonging to the Academy of Natural Science. You will greatly oblige by making the necessary correction.

—— M. KŒBERLE, of Strasburg, has performed ovariotomy in twento-five cases, from June, 1868 to April 1st, 1869; twenty of the patients have recovered, and five have died.

—— At a meeting of lhe Academy of Medicine in Paris on June 9th, M. DEVERGIE called attention to the results obtained in the School of Practical Anatomy by injecting bodies with a mixture of three parts of glycerine and one of carbolic acid. Bodies thus prepared had been preserved several months without giving off any offensive order.

The Scientific World.

The *Chemical News* says, in a late number, "that in the so-called scientific world we find a large number of men who do not work. The reasons why they do not work are not always so obvious as one would imagine. Some, including among them many of our most influential and successful men, do not work simply because they find it unnecessary.—Fluent, strong in voice and in nerve, ambitious, and perhaps, if not the least thing in the world, intriguing, they find it far more easy to acquire a position in scientific societies by criticising the researches of others than by working themselves. It is men like these who so mercilessly cross-examine the laborious workers who venture to read their papers before scientific bodies. These cross-examinations are, moreover, often carried on in a semi-bantering tone, as if the student had taken a liberty in bringing his results before a body, some of whose most august members found work unnecessarp. And how often in all countries, do we find the mantle of the greatest workers placed on the shoulders of these very men!"

A Professional Murderer at Large.

In the monthly report for May of Dr. Edwin M. Snow, Superintendent of Health of the city of Providence, R. I., we find the following suggestive comments:

"There were two murders in the month of May, which are only counted in the above table as one death, under the head of *criminal abortion*. The victims were a young healthy married woman and her unborn child. From some foolish reason, at any rate with no good and sufficient reason, she consented to do violence to the laws of her being, to prevent the high object of the marriage relation, and to become accessory to the murder of her own offspring. In so doing she lost her own life. It would be well if her death might be a warning to others, and if all would remember that this crime can never be done with safety. It is always murder of one human being; there is always possible danger to the life of the mother; there is always certain injury to her health and happiness.

The murderer in this case received twenty-five dollars for his services in killing two human beings. He assured the deluded woman there was no danger, but exacted from her a solemn promise that "whatever might happen, she would never tell any one of his crime." He is called "doctor," and walks the streets of a neighboring town unmolested, and is daily associating with respectable men and women, and yet he makes the deliberate murder of human beings a part of his business. Human justice is fallible, and may not overtake him in this case; but knowing that there is a righteous God who has expressly said, "Thou shalt not kill," we cannot doubt that this man will some time receive the punishment due to his deliberate and oft-repeated murders."

—— According to M. Millon, the disagreeable odor of bisulphide of carbon can be got rid of by distilling it with quick-lime, the two having been in contact twenty-four hours. The distillate is received in a flask partially filled with clean copper turnings. The lime remaining in the retort is strongly colored. By means of the deodorized bisulphide, MM. Millon and Commaille have separated the perfume of milk to the extent of recognizing certain plants eaten by the cow—the *Smyrnium olustratum* among others.

—— A German chemist has been lately examining the various kinds of wafers manufactured at Munich and Nuremberg. He found that the coloring materials in them were copper salts, red lead, ultramarine, Prussian blue, chromate of lead, and some others of a harmless nature. White wafers sometimes contained oxide of lead and sometimes sulphate of baryta.

—— The Academy of Medicine in Paris has its hands full of work. It has been lately engaged in a discussion on purulent infection; and, at a recent meeting, M. Boudet reminded the Academy that there was a discussion on the mortality of new-born children not yet completed; while M. Depaul claimed priority for a discussion on vaccination which was commenced two years ago.

—— There is at present, in Dayton, Ohio, a child affected with chronic hydrocephalus. It is seventeen months old, and its head measures, in the occipito-frontal circumference twenty-seven inches, and from one meatus of the ear to the other, over the top of the head, nineteen inches.

—— Cinchona Cultivation.—We read in the *Cosmos*, says the *Lancet*, that the attempts which have recently been made to introduce into Algeria the cultivation of the cinchona tree will probably be attended by success. Analysis of the bark of the cinchona trees thus cultivated have shown that the alkaloids which constitute their medicinal properties are quite as abundant in these specimens as in others coming from the usual sources.

—— A Medical Journal is to be published at Washington, D. C. The names of the editors we have not heard.

——A MONSTER.—A human monster, a female child with two heads, was born a few days ago at Zerbst. A careful examination has shown that the spinal column is divided into two at the first of the true vertebræ, and that from this point two perfectly developed necks and heads proceed. The breast is half as broad again as is usual, the limbs simple and well formed. We have not yet heard in how far the internal construction of the breast is simple or complex. It appears that the child died in the course of birth, from the pressure of the two heads against each other.—*Galignani.*

——The *Times of India* announces that cholera has made its appearance among the European troops at Kamptee. The outbreak cannot yet be termed serious. At Baroda, cholera has increased to such an extent, that it has been deemed necessary to interdict all communications between the camp and the city.

——The *Lancet* says toothache can be cured by one drachm of collodion added to two drachms of CALVERT's carbolic acid. A galatinous mass is precipitated, a small portion of which, inserted in the cavity of an aching tooth, invariably gives immediate relief.

——Louisville will probably soon have a second medical journal, and a third medical college.

Army and Navy News.

——Assistant Surgeons Wunderlich, Baben and Marmion have been ordered to Philadelphia for examination for promotion.

——Assistant Surgeon B. S. Mackie has been detached from the Naval Hospital at New York, and ordered to the hospital at Pensacola, relieving Assistant Surgeon Ruth, who will be ordered to the *Dictator*, now at League Island.

——Assistant Surgeon Owens is ordered to the Mare Island Navy Yard, California.

[*Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

BARRON—WILLIAMS.—At Princeton, N. J., June, 23, by the Rev. Albert Williams of San Francisco, John C. Barron, M. D., of New York city, and Harriet Mulford, daughter of the officiating clergyman.

BIRDSALL—HAVILAND.—At Glens Falls, N. Y., June 8th, 1869, Stephen T. Birdsall, M. D., of New York City, and S. Josephine Haviland, of Glens Falls.

CLEMENCEAU—PLUMMER.—In New York, June 23, by the Hon. A. Oakey Hall, Mayor, Dr. G. Clemenceau of Paris, France, and Mary E., daughter of the late G. Plummer, esq., of Springfield, Mass.

COLEMAN—RITCHEY.—May 18, at the residence of the bride's mother, by Rev. D. J. Irwin, W. C. Coleman, M. D., of Latrobe, Pa., and Miss Belle J. Ritchey, of Indiana county, Pa.

CRESSINGER—BRICE.—On the 31st of May, by the Rev. J. B. Cressinger, of Ashland, Ohio, assisted by the Rev. Orr Lawson, Dr. J. R. Cressinger, and Miss Mary A. Brice, both of Sunbury, Pa.

DUNHAM—INGALLS.—In Winthrop, Mass., June 9, by Rev. H. C. Dunham, assisted by Rev. J. W. Dunham, Charles W. Dunham, of Boston, and Miss Vinnie B., daughter of Dr. Samuel Ingalls, of W.

FERRIS—BARROW.—May 27th, 1869, near Sharonville, Hamilton county, Ohio, by the Rev. H. Stokes, Jacob Ferris, M. D., of Columbus, Ohio, and Miss Martha M. Barrow, daughter of Mr. William Barrow.

GIMPERLING—MARTIN.—At the residence of the bride's father, Dr. Samuel Martin, Xenia, Ohio, on the 1st inst., by the Rev. Henry W. Taylor, of Franklin, Ohio, Mr. J. E. Gimperling, and Miss Ella Martin.

GOLTRA—JONES.—In Springfield, Illinois, at the residence of the bride's father, on the 13th inst., by Rev. H. N. Pierce, D. D., Isaac V. Goltra, M. D., of Macon, Illinois, and Miss M. Louisa, daughter of John A. Jones, Esq.

GRIFFIN—LANDON.—In South Hero, May 30th, by Rev. O. G. Wheeler, Dr. Theodore Griffin, of Chicago, Illinois, and Miss Abbie P. Landon, of South Hero.

HAYS—PRICE.—June 10, by the Rev. D. H. Barron, assisted by the Rev. R. L. McCune, D. S. Hays, M. D., and Miss Emma S. Price, all of Hollidaysburg, Blair county, Pa.

JOHNSTON—DOANE.—June 8th, 1869, in Emmanuel Church, Alleghany, Pa., by the Rev. Wm. C. Cooley, of New York, assisted by the Rector, Rev. William A. Fuller, Josiah B. Johnston, M. D., Villa Nova, Ontario, Canada, and Kate Doane, daughter of James C. Doane, Allegheny city.

LANGFITT—DAWSON.—June 8th, 1869, at the residence of the bride's mother, by the Rev. Charles Thorn, Dr. W. J. Langfitt, of Allegheny City, and Miss Lou Dawson, of Beaver county, Pa.

LIGHT—PRATHER.—At the residence of the bride's father, Col. Hiram Prather, June 10th, 1869, by Rev. T. B. McClain, A. B. Light, M. D., and Miss Mary A. Prather, all of North Vernon, Jennings county, Indiana.

LLOYD—LYCETT.—On the 10th inst., in this city, at the Parsonage of the Green Street M. E. Church, by the Rev. J. B. McCullough, Dr. Charles Lloyd, of Norfolk, Va., and Miss Agnes M. Lycett, of Philadelphia.

MORRIS—STOKES.—June 16, at the residence of the bride's father, Moorestown, New Jersey, by Friend's ceremony, Joshua H. Morris, of Philadelphia, and Elizabeth, daughter of John H. Stokes, of Moorestown.

PRETLOW—PRAGUE.—June 1st, at the Presbyterian Church, in Springdale, Ohio, by Rev. William H. James, assisted by Rev. J. M. Worrall, Dr. Richard Pretlow, of Covington, Ky., and Miss Cassie H. Prague, of Rural Cliff, near Springdale.

ROEBUCK—DETWILER.—In Mansfield, Ohio, May 27, 1869, by the Rev. J. R. Twitchel, Dr. J. H. Roebuck, of Hummelstown, Pa., and Miss Clara Detwiler, recently of Doniphan, Kansas.

SNODGRASS—COGGESHALL.—June 10th, in Springfield, O., by Rev. P. H. Mowry, assisted by Rev. Henry Bain, Dr. Jesse Snodgrass, of Toledo, Ohio, and Emma, daughter of William Coggeshall, Esq., of Springfield.

TAYLOR—SPEER.—In Cincinnati, June 10th, at Morris Chapel M. E. Church, by the Rev. C. W. Ketcham, Dr. George K. Taylor, and Edith S., daughter of Henry Spear, Esq., all of that city.

THIRKLE—MCNAIR.—May 27th, in Pomeroy, Ohio, by the Rev. W. J. Wright, brother-in-law of the bride, W. G. Thirkle, M. D., of Sodus, Wayne county, New York, and Alice, second daughter of the late John McNair, Esq., of Oswego, New York.

WHITE—DAVENPORT.—On Tuesday, June 22d, at Wilton, Fairfield county, Conn., by Rev. W. L. Bostwick, Dr. Charles B. White, U. S. Army, and Mary A., eldest daughter of Judge George A. Davenport, of the above place.

WRIGHT—HEWETT.—June 17, at the residence of the bride's parents, by the Rev. Wm. A. Scott, D. D., Mr. Charles C. Wright, of Hinsdale, Mass., and Miss Abby M., daughter of Dr. J. G. Hewett of New York.

DIED.

BALDWIN.—At his late residence in Hopewell township, Mercer county, Pa., on May 2d, 1869, after a protracted illness, James H. Baldwin, M. D., in the 71st year of his age.

BUNTING.—At Roxborough (Philadelphia), on the 17th ult., Catharine Louise, infant daughter of Dr. Ross R. and Belle H. Bunting.

COCK.—In New York, on Monday, June 14th, in the 87th year of his age, Thomas Cock, M. D.

HUMPHREY.—At Patterson, N. Y., June 18th, Bertie, infant son of Dr. S. D. and Helen V. N. Humphrey, aged 10 months.

NOTSON.—At Fort Concho, Texas, June 1st., 1869, Otis Rockwell Notson, infant son of Dr. William Notson, U. S. Army.

RICHTER.—In Brooklyn, June 15th, Charles E., son of Dr. M. A. Richter, aged 26 years.

PERKINS.—In West Windsor, Vt., June 6th, of typhoid fever, Miss Orra A., daughter of Dr. E. H. and P. C. Perkins, aged 18 years and 11 months.

WOLFE.—In this city, on the 7th inst., of abscess of the lungs, George Wolfe, M. D., in the 34th year of his age.

OBITUARIES.

DR. CHARLES D. MEIGS.

The announcement of the sudden death, at his country place, in Delaware county, of Dr. Charles D. Meigs, will be a shock to all who were acquainted with his many fine qualities and appreciated his eminence in his profession. Dr. Meigs was distinguished among that noble fraternity of physicians that have contributed and still contribute, to the honor of Philadelphia, as a seat of medical learning. Although for some years retired from practice, he had retained, in a large degree, his mental and physical vigor. Only a few months ago a translation by him of a French novel of a historical character was published, and the composition, and particularly the dedication to the author, Count de Gobineau, showed great freshness of style and unusual earnestness of thought for a man eighty years of age. Dr. Meigs was a native of Georgia, but, studying medicine in the University of Pennsylvania, he decided to make Philadelphia his home, and began to practice here about 1820. He made the diseases of women a special study, and his fame as a writer and practitioner in this department soon became wide spread. He was chosen a Professor in the Jefferson Medical College in 1840, and retained his connection with the institution until he gave up the active pursuit of his profession. He was a contributor to the leading medical journals, and the author of several books on different subjects connected with his profession, which are highly esteemed everywhere. Dr. Meigs was the father of Dr. J. Forsyth Meigs, of this city, of Major-General Montgomery C. Meigs, of the United States Army, and of several other children.

CHARLES D. MEIGS, M. D.

At a special meeting of the Faculty of the Jefferson Medical College of Philadelphia, convened June 23d, 1869, in reference to the death of their late associate, Charles D. Meigs, M. D., it was

Resolved, That the members of the Faculty have heard with deep-felt sorrow of the demise of their late distinguished colleague, Charles D. Meigs, M. D., Emeritus Professor of Obstetrics, whose name and fame have been so closely associated with the history of the Institution.

Ripe in years and rich in all the honors that can be gathered from the broad field of science and literature, he has closed a long and active life, efficiently and enthusiastically devoted to the best interests of the sick and suffering, and the extension and improvement of medical science.

Warm-hearted, genial and amiable in his intercourse with his fellows; brilliant, wise and impressive as a teacher and writer, the Faculty of this College, and the profession at large, may well sorrow over the extinction of a life so rich in usefulness and renown. It is further

Resolved, That the Faculty of the Jefferson Medical College, in deep respect to his memory, will attend his funeral, and that a copy of these resolutions be transmitted to his family.

B. HOWARD RAND, M. D.,
Dean of the Faculty.

ALDEN MARCH, M. D., LL. D.

This eminent physician died at Albany, June 17th, aged 74 years. He was born in Sutton, Mass., and graduated at the Brown University, in Providence, which at that time had a Department of Medicine, and while a student, was distinguished especially for his zeal and industry in the study of anatomy. He went to Albany in 1820, where he commenced the practice of his profession, which he continued until his death. He was one of the founders of the Albany Medical College and the Albany City Hospital, and has been at the head of the former institution for upward of thirty years. As a bold and skillful operator, Dr. March had no superior, and he was the originator of many new and valuable improvements in surgical science. To the Albany Medical College he has bequeathed his Pathological Museum, one of the most extensive and valuable in this country.

QUERIES AND REPLIES.

BAUNSCHEIDTISMUS.—*Dr. S. K., of Alabama.*—"Baunscheidtismus" is a humbuggery, invented by a German named Baunischeidt, who lived near Bonn, on the Rhine It consists in counter-irritation of the spine and affected part with a bat, or hammer, made of cork or some similar substance, through which needles are driven, so that about one-eighth or one-sixteenth of their points protrude. The Baunischeidtist also uses a secret fluid as an irritant, which is nothing but equal parts of olive oil and croton oil.

Dr. W. H. W., La.—We will commute with you for the *American Journal of Obstetrics* for $3.00. Vol. IV. begins with May. The subscription price has been raised from $3 to $4 a year. It is *an excellent journal* and it will *pay you* to support it.

Dr. S. T. D., Pa.—The price of Barnes' Dilators is $4.50 for the set of three, without inflating syringe. Inflating syringe, $2.50, and stop-cock $1.50 additional.

Dr. F. M. D., of Tenn.—We can send you Thomas on Diseases of Women, for $6.00.

Dr. J. B., of Pa.—We will send you the *Boston Journal of Chemistry*, a monthly Journal, for one year for 25 cents, if taken with the REPORTER, and both paid *strictly in advance*. The amount for both is $5.25.

Dr. L. R., of N. Y.—Brown's *Religio Medici* was written in English and not in Latin, although there are several excellent Latin translations of the work. Many of Sir Thomas Brown's writings are in Latin, so your opinion was an easy mistake to make.

A Sufferer, N. Y.—"Having read your valuable journal with much pleasure, though not being a medical man, I take the liberty to ask you what you think would be the best remedy for one to take, who has been afflicted with sore eyes for a long while, who has consulted a good many physicians and found no relief. They have been running since he was two years old."

ANS.—We cannot give you any advice in the case, as your description is altogether too vague. Consult some first-class oculist in your city; for instance, our worthy collaborator in the COMPENDIUM, Dr. D. B. St. JOHN ROOSSA, 151 Lexington avenue, whose advice you can implicitly follow.

Dr. J. B. B., of Ind.—In your issue of June 12th, under the head of queries and replies, you are asked if a person will take varioloid from a varioloid patient. You answer yes. Now, should we understand you to say that, a person so exposed, and not previously protected by vaccination, will have varioloid and not variola?

ANS.—No. Such a person would take variola; but if protected to some extent by vaccination, he might take varioloid.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

SOME INTERESTING CASES IN PRACTICE.

By L. B. Balliet, M. D.,

of Unionville, Lehigh County, Pa.

To report rare and obscure cases, is a duty we all owe to the profession.

The following cases of interest came under my notice during the past few years.

"*Sammelt die ubrigen Brocken dass nichts umkomme.*"

Feculent Discharges.—1. A young man, aged thirty, had feculent discharges from the bowels, attended with pain invariably about four hours after meals. This complaint came on after an attack of dysentery some years ago, (as he states.) Treatment consisted in applying red flannel folded around the abdomen to be worn during the whole year. Internally, he has given potasii iodidi in 10 gr. doses, and kept under its influence more or less for about three months. In addition, to relieve pain, and night sweats, he was given the following, as occasion required, in ½ to 1 teaspoonful doses :

℞.	Tinc. opii	℥iss,
	Acid sulp. arom.	℥j,
	Syrup simplic	℥ii.

Diet was regulated—that is he was permitted to eat and drink whatever agreed with him, and abstain from all that disagreed. Patient recovered so far with an occasional touch or relapse, owing to error in diet or overwork.

2. *Abdominal Tumor.* This was a case under the care of my neighbor, Dr. Shoemaker. A woman about three weeks after confinement was attacked with rheumatism at both ankle joints, with here and there red spots, but little or no swellings. Of a sudden these symptoms disappeared, and a tumor formed over the umbilical region, which increased rapidly to such an extent, that it measured about *nine* inches in height. It assumed the shape of a cone with the umbilicus as its apex. The best idea can be conveyed by turning upside down a large hornet's nest over the abdomen.

The tumor was painful, owing only, as could be ascertained, to the intense distension of the skin. The abdomen otherwise was not much tympanitic ; auscultation revealed nothing; percussion proved the presence of gas ; bowels were natural and regular ; owing to the great pain the appetite was impaired. Treatment consisted in heavy mush poultices with a view of relaxing the skin and its mechanical pressure on the tumor. Patient recovered.

Query.—What was the nature of thistumor? What was its conical shape owing to ?

3. *Intestinal Obstruction.*—This was a case of a little girl, aged 12 years, under the care of Doctor Miller, of Sagersville; suddenly she was taken ill, with pain in the umbilical region, which increased in intensity rapidly. There was little or no tympanitis. The Doctor diagnosed the case correctly, and made known to the family its nature. Vomiting set in early. Internal remedies were at once abandoned. We then resorted to the rectum pump, as the only remedy. She was injected with warm water and salt, morning and evening for six days, during which time 208 worms passed. Patient recovered.

Remarks.—The instrument used is a stomach pump convertible into an injecting pump. Such an instrument should be in the hands of every practitioner. If ever I saved life, it was with this apparatus. In all forms of constipation, or obstruction of the bowels whatever, it proves of immense value. In strangulated hernia, extreme tympanitis, in fevers with cos-

tiveness, in convulsions of children, or in any case whatever where an immediate motion of the bowels is needed, its service is invaluable. My instrument has two tubes—one short with a bone nozzle, which only enters a short distance beyond the sphincter—which can be used in ordinary cases. The other is the stomach tube, which is used in serious cases, and is pushed on as far as possible while the pump is worked. The quantity of fluid used at one operation varies, from half to two washbasinsful. The water is either cold or warm, according to the comfort of the patient. Two basinsful is the largest quantity yet used. It was in a young girl, aged 17 years, with obstruction of the bowels, owing to impacted fæces. Larger the quantity injected, more immediate the effect. To introduce a large quantity, pump slowly, and divert the patient's attention to prevent straining or bearing down.

4. *Hæmmorrhoids.* Few patients with external hæmmorrhoids come under my care. In those cases nothing succeeds better than the application of cold, snow or ice enclosed in a cloth, held to the parts fifteen or thirty minutes morning and evening, will knock them sky high. In the absence of these articles, the patient is ordered to sit over a pail of cold water so that only the tumors touch the fluid, and remain there fifteen to thirty minutes. When the tumors are hard from coagulated fluid within, free incision is the remedy. Prof. Gross makes free incisions in all kinds of external hæmmorrhoids, excepting when they are highly inflamed.

5. *Herpes.*—An inveterate case of herpes zoster in a boy æt. six years came to my notice after various remedies were tried hitherto without success. He was given potasii bromide in the morning, and the syrup ferri pyrophosphatis evenings. Also, rhei pulv. or syrup rhei et sennæ occassionally to regulate the bowels; externally pulv. sacch. saturnis two drachms to a teacupful of sweet cream, stirred in with a stick and set in a cool place. This was applied every evening, and sometimes morning and evening. This case recovered rapidly. This is my treatment in most cases of this nature.

In another child with the same disease, this application proved worse than useless. Here the old ungt. picis liquidæ acted very well.—Sometimes the calomel ointment will do well, yet too much reliance cannot be placed on it. In this last case, the syrup phosphites comp. was given morning and evening, and continued for some weeks.

The patient recovered.

6. *Fractures.*—Fracture of the surgical neck of the humerus was treated by modern appliadces. Deformity at the joint resulted in one case under my care, and one under the care of my neighbor physician. Nevertheless both patients have the free use of the arm in every direction. The deformity is probably owing to a displacement of the head of the bone on its axis.

7. *Tetanus.* This patient was a man aged forty under the care of Dr. Miller of Slatington. While unloading sacks of grain, his feet slipped from under bim and falling backward his head struck against a stone inflicting a small gash in the occipital region. He continued his work up to about the eleventh day, when he complained of stiffness of the muscles of the neck and face. Soon symptoms of complete tetanus set in; usual remedies were given with little success; hypordermic injections of about 1 gr. doses of morph. sulph. were made morning, noon and evening with marked benefit, so much so, that hopes of recovery for a few days were entertained; however, another spasm set in which yielded to no treatment, and the patient died on the twelfth day of the attack.

Remarks.—Tetanus arising from wounds of the head, are uncommon, yet cases do occur. Lesions of the inferior extremity are more prone to be followed by tetanus, than lesions of the superior extremity. Length of time intervening between injury and attack, and time from attack to when it proved fatal, are worthy of notice in this case.

8. *Mammary abscess*—May sometimes be prevented by applying early the breast pump, adhesive strips and cold applications. After pus has formed I open as early as possible, allowing the patient to press out all the matter possible, then immediately apply well regulated and graduated pressure by adhesive strips. These to be removed every day as long as the bands become shrunken. Whenever the cavity within is very large, its wall may be approximated by laying on a folded piece of muslin, and passing the strips firmly over it. The introducing of the tent and application of poultices, and sugar of lead water with opium are all laid aside as things that were. Instead, I apply a damp rag, folded to absorb the escaping pus. Doctor Foster's sponge remedy is good in some cases. It is too wet in

winter season, and too unclean in summer time. In a clinic in 1867, Prof. Gross, after explaining the nature and cause of mammitis, opened an abcess, introduced a tent, ordered a poultice with sugar lead water and opium upon it, to be applied, and the pus to be pressed out gently every twenty-four hours. By and by the ammonia and mercurial plaster would be applied. The patient to use nothing but dry, plain diet, and not to use animal food. Why the learned Doctor does not permit the patient to press out all the matter she can, and at once apply the strips; and why restrict the patient from taking nourishing food when there is a constant waste and drain of the system, I cannot comprehend.

9. *Obstetrics.*—This case, under the care of Doctor Williams, of Schnecksville, was one of rare occurence. The Doctor found the waters ruptured, the uterus flaccid, with more or less flooding. On examination, the case proved to be one of "placenta previa," with a "shoulder presentation." When I arrived, the arm was protruding. We concluded to let the placenta take care of itself, turn the child and deliver with the forceps. Operation proved successful. Patient recovered.

10. *Craniotomy.*—One case, under the care of a neighbor physician, came to my notice during a practice of fourteen years. After emptying the brain, it was not necessary to mutilate the child any more, as it could be extracted with little patience on the part of the operators. In this operation we should avoid mutilation as much as possible—it is so painful for the mother to behold.

11. *Obscure Case.*—In a male child, aged 8 months, a tumor was discovered in the left hypogastrium. This had attained the size of a man's fist when my attention was first called to it. The history and condition of the patient convinced me at once of the probable nature of the case. Secretion and excretions were natural and healthy. Pouting of the abdomen to the left of the umbilicus was the only symptom noticeable. There was no pain on pressure or loss of sleep. The conclusion was that it was a tumor, filled or filling with fluid of some kind, and that it could not be pus, as there was no symptoms indicating such a change. That if it increased, which it likely would, it would eventually produce derangement of the internal organs, and that the only hope then would be to tap. An old physician and son examined the case, and gave as their opinions that matter was forming, and that it would probably open. The history would have enlightened them otherwise, had they traced it from the beginning. The tumor increased so rapidly in bulk that life was in danger. The abdomen measured twenty-two inches in circumference. At this stage, assisted by Dr. Williams we operated; a trocar, was pushed in an oblique direction from the linea alba into the tumor, when one quart of odorless, dark colored liquid escaped. Patient died a few days after of peritonitis. Post mortem could not be obtained. Hence the nature of this case will remain obscure forever.

12. *Ascarides.*—Many cases of ascarides in children were treated with santonine. This is certainly our best remedy. I give it in doses of five to ten gr. in the morning and evening, or every evening only, not combined with any cathartic as it is apt to produce vomiting.—Further particulars regarding santonine, see MEDICAL AND SURGICAL REPORTER, Vol. XI—No. II., page 245.

12. *Erysipelas.*—Several cases of this disease came under my care. I still pursue the treatment as reported in MEDICAL AND SURGICAL REPORTER, Vol. XII—No. III, page 57, till we find a better one. Since, I am fully convinced that wet applications do more harm than good; for the extreme tension of the skin I order the application of sweet cream. Sometimes the powdered sugar of lead is added—say one drachm to a half-teacupful of cream—stirred with a stick, and let in a cool place. No doubt glycerine would answer just as well, perhaps better.

14. *A Singular Fatality*—Occurred in my neighborhood. An aged man was taken with apoplexy at about 3 o'clock in the morning; at 2 o'clock, P. M., of the same day the mother was stricken down with the same disease. Both died about the same time, and were both buried together in the same grave. What makes this case singular, is that both died of one and the same disease.

—— THE English Chemical Society has instituted a Faraday medal, in honor of the late Professor Faraday, to be awarded from time to time to foreign chemists lecturing before the Fellows of the Society. The inaugural lecture was given on the 17th of June, in the Royal Institution, by M. Dumas, Master of the French Mint, perpetual Secretary of the French Imperial Academy, Minister of Public Instruction, and one of Faraday's intimate friends.

SURGICAL REMINISCENCES OF AN OLD PRACTITIONER.

By J. G. F. Holston, M. D., ect.,
Of Washington, D. C.

No. III.

ABLATION AND RECONSTRUCTION OF THE ENTIRE LOWER LIP.—1858.

Mary Neddinger, of Western Ohio, presented herself at my office with a strange disease, involving the lower lip. Some two years before, she had observed on the mucus membrane of the lower lip, half way between its margin and the gum, what appeared to be a moist wart, elevated above the surface, of strictly circumscribed hardness and granulated appearance. Some caustic was applied, which not only failed to extirpate the original disease, but was followed by its rapid enlargement and the growth of numerous other warts of a similar character. They extended not only laterally, in numbers and size, but extended in depth, so as to penetrate to the outer surface; and when she presented herself, the lip having lost all its original form and appearance, presented a nodulated mass, extending from angle to angle, and square down to the base of the jaw, several times its natural size. In some places the morbid growths were confluent, in others, large masses isolated by apparently sound tissue, penetrated from the mucus membrane to the skin, like plugs of semipellucid horn, fitted into openings in the organ. Internally the appearance was whitish and granulated; externally, smooth, yellow and horn-like. There was no induration or sign of inflammation of the neighboring parts. The general health was then and had been from the beginning, undisturbed. But the disgusting appearance of the entirely everted and shockingly deformed lip, over which the sailva flowed incessantly, made her clamorous for relief by any means. Learning that every variety of external applications, as well as medicine, that I could think of had previously been ineffectually employed, and considering the disease as cheloid and not strictly malignant, I proposed operation, to which she readily assented, and which was performed with the assistance of Dr. Hobbs, Dentist, of Zanesville, Ohio (who still preserves the specimen).

Operation—The patient being seated on a chair, her head supported (no anæsthetic) an incision was dropped perpendicularly from each angle of the mouth, through all the soft parts, to the base of the jaw, and there united by another semicurcilar incision. The circumscribed mass was rapidly dissected from the bone, leaving a horrible chasm, from which the blood streamed in torrents. Hemorrhage was arrested by two ligatures on each side, and cold applications, and the process of reconstruction accomplished thus: The cheeks were dissected from the lower jaw, as far back as the masseters and the edges of the wound, not without some stretching, brought together in the middle by three hair-lip pins and some superficial interrupted sutures, leaving, however, a lozenge shaped vacancy from angle to angle three-fourths by one and a-half inch entirely uncovered. The mouth was now a small round hole, entirely formed by the circularly drawn upper lip. The sharp point of a straight scissors was now passed from the edge of the wound on each side, between the mucus membrane and the cheek, and a nearly horizontal incision about three-fourths of an inch in length made, leaving the mucus membrane intact. A second cut, starting near half an inch from the first, was made to meet the first at its extremity, thus circumscribing a slender triangular piece, which was dissected out—the mucus membrane then divided in the centre and attached with fine stitches to the outer edge, thus furnishing a mucus margin for the new lip. The upper lip at once resumed almost its proper form. The patient was placed in bed, cold applications ordered to the face, and a light fluid diet enjoined. The pins were withdrawn after seventy-two hours, the interrupted sutures next day, and a union by the first intention, wherever the edges of the wound came in contact, was manifest. For security an adhesive strap was applied across the lower lip and face. The lozenge shaped, uncovered spot filled up with granulations and in about a month had perfectly healed, forming a small shining cicatrix on the lower end of the chin, adhering to the bone. The new lip was a vast improvement over the old one, but was pretty tightly stretched over the teeth, with very little or no *natural* feeling, and not at all under the control of the will—there was a narrow red mucus margin. The patient returned home, not fully satisfied.

I lost sight of her till last fall, when she paid me a visit at my, then, residence in Zanesvile, Ohio. She was then a blooming, good looking matron, many years married, and the mother of several children. There never had been the slightest return of the disease. The lip had gradually expanded in dimension, acquired natural feeling, and came

under the control of the will, and at the time of her visit, felt perfectly natural. Even the cicatrix had loosened up and presented merely a small white, shining spot. The chin and lower part of the face, however, still presented a meagre and somewhat pointed appearance, without any proper projecting chin.

FACIAL NEURALGIA OF MANY YEARS STANDING.—OPERATION.

Was called in consultation by my friend, Dr. ZENAS YOUNG, an eminent practitioner of West Zanesville, Ohio, to see Mrs. Cole, an old lady, then residing with some friends about eight miles distant, having come there for the benefit of medical treatment. Found the patient a white-haired old lady, 60 years of age, sitting upright in bed, supporting her face with her hands, her eyes streaming with tears, and groaning with bitter agony. For years thus it had been, boring, lancinating, cutting, tearing, that was her expression. Filling the orbit of the eye, extending over the cheek to the ala of the nose and corner of the mouth, occasionally reaching to the temple and forehead. Refreshing sleep had long been unknown to her; eating and drinking were accomplished only at the price of untold suffering. She was never free of pain, which, however, had paroxysmal aggravations. Sensations in the affected parts was natural, but exaggerated; there was no paralysis. Quinia, iron, zinc, arsenic, the whole list of narcotics and innumerable external applications, had entirely failed to give relief. She had undergone two surgical operations, in the last of which a portion of the infraorbitary nerve had been removed, and a red-hot probe passed into the infraorbitary foramen. This last had been followed by temporary relief, but after a few months the trouble returned. I proposed a third and more radical operation. I ascribed the failure of the last surgeon, to the thinness and therefore rapid cooling of the cautery employed. I had a hole drilled through a button of three-eighth boiler iron, such as is punched out, to make holes for the insertion of rivets, in steam-boilers; through this, projecting on the side to be used, about one inch was an iron rod about one-eight to one-tenth inch thick—this button was intended as a reservoir of heat. The operation: An incision the length of the orbit, was made along its inferior margin to the bone. The cheek was dissected down one inch, the eye was dissected up from the floor of the orbit, as far as the internal opening of the infraorbitary canal, and the nerve supposed to be divided there. A horn spatula was then inserted into the orbit, to that distance to elevate and protect the globe, and then after enlarging the infraorbitary canal by a drill, the cautery heated, not white (I never could get a cautery to its place in that state) but very bright red, was inserted till its point, still red, was seen in the orbit. The cautery still at a red heat was then passed over the dissected inside of the cheek and over the exposed bones around the foramen; from the surface of which a thin lamina had previously been removed by the gnawing forceps. Of course all was done under profound anæsthæsia by chloroform. The wound was dressed with cold water dressings, afterwards with poultice and ointments. As soon as she recovered from the chloroform she expressed full and entire relief. The cheek, ala of the nose and side of the upper lip were totally paralysed, as to motion and sensation. An attack of erysipelas and delirium followed, which, under the skillful treatment of Dr. YOUNG, soon recovered. In about six weeks the wound was healed and her general health under the use of tonics greatly improved. I occasionally heard from her for a year; general health good; no return of pain, but facial paralysis not improved; but the sight of the eye unimpaired. I then lost sight of her.

HOLSTON.

NON-MALIGNANT ABSCESS OF THE BRAIN.

Read before the Vermont Medical Society, June, 1869.

BY FRANK W. PAGE, M. D.,

Brandon, Vt.

The symptoms of Cerebral Softening and Cerebral Hemorrhage are quite distinct from each other. When vertigo and loss of consciousness suddenly occur in a hitherto healthy individual, whether predisposed to such symptoms or not, followed by an immediate paralysis of one side of the body, the case is considered to be one of Cerebral Hemorrhage; the sanguineous extravasation occurring on that side of the nervous centre opposite to the one paralyzed. But on the other hand, if vertigo, formication and cramps have existed for some time with a gradual supervention of paralysis, the lesion is regarded as one of softening.

That this is not entirely correct, may be seen from the following case, in which the line of demarcation, as regards symptoms,

could not be so clearly drawn, and yet the want of positive evidence in life that the case was one either of Cerebral Softening or Hemorrhage—or perchance both—only tends to show more conclusively that the precise nature or pathology of Cerebral affections cannot always be determined with absolute certainty.

The subject of the following report, Caleb C., came under the notice of my partner, Dr. O. G. Dyer, with whom he was seen from time to time by myself, early in the month of February, 1868. After having had the careful and considerate attention of regular and irregular physicians, his disease commenced some time in the month of November, 1867. His history from that period until the February following, as far as could be ascertained, was derived mostly from himself, his wife and children (who are already past the age of maturity,) and undoubtedly is in the main correct. His age was 54, and his occupation that of a carpenter. He had always been a strong, healthy, hard-working and temperate man. Had never been sick, unless from occasional and ephemeral attacks of colds, and even from these, I learn he was unusually free. He had never had cancer, and exhibited none of the traits of a cancerous cachexia. Notwithstanding a worty excrescence had been removed, under that name, from below the inferior margin of the right malar bone, by caustic applications of a female Indian and root doctor.

He never had rheumatism, or syphilis, although given somewhat to excess in venery. Superadded to his activity and energy in the accomplishment of work, he was always noted for his high temper and sullen disposition. His intelligence was ordinary. His father and mother both died late in life, but not of diseases exhibiting any hereditary characteristics of the different cachexiæ—least of all to carcinoma.

On the day preceding his attack, he had been engaged in building a wall for the foundation of a new barn, and had, it seems, with such assistance as the man for whom he was laboring could render, made unusual exertions in moving into place a very large stone, desiring, at the same time, to finish the work that night. The combined efforts of the two, with the aid of lever and blocks of wood, hardly seemed adequate to the task. Yet, while the one partially relinquished his efforts, he, (Mr. C.,) "by an almost superhuman struggle," finally succeeded in getting the stone into the desired position. After the work was completed, he felt quite weak and exhausted; though he experienced no chilly sensations. He ate his supper at his usual hour, and at night slept quite well. The next morning he resumed his work, and, while engaged in planing a board, he suddenly dropped his plane; his right hand and arm becoming coincidently the seat of "unpleasant sensations, numbness, and uncontrollable twitchings." This, however, passed speedily off, save the numbness, only to return again and again, not only that day, but with each succeeding day, until the time when we saw him, the numbness having slowly and progressively increased. He had not, it seems, complained of any headache, vertigo, or uneasy sensations in the head. He had had no convulsions, either of an apoplectic or epileptic character. He had had no vomiting. His appetite was very fair. He slept well, and had no pain whatever, aside from the tingling in his hand and fore-arm.

On the day of our visit, February 26th, 1868, he was in bed, his face presenting a peculiar vacant expression, while the whole of his right side, except so far as the facial muscles were concerned, was completely paralyzed; motion, totally; sensation, partially. His pulse was full and soft; tongue moist and slightly coated. Respiration natural and easy; heart and lung sounds normal; bowels sluggish, and urine healthy. An examination along the spinal column failed to reveal tender points. There was no apparent increase of the natural temperature of the body, nor any hyperæsthesia of the system generally. He complained of no pain, or heat; nor of any swimming sensations *in the head*. There was no ringing in the ears, or marked diminution of the sense of hearing.

His memory and intelligence were good, and he appeared to understand readily enough everything said to him, though he manifested a little nervousness and seemed somewhat excited at not being able to communicate his thoughts easily. This somewhat nervous and excited condition had the appearance as though it was owing more to difficulty than to reluctance or a want of knowledge *how* to reply. His pronunciation was distinct but somewhat prolonged; yet he protuded his tongue in a right line and apparently without difficulty.

His senses, save that of touch on the affected side, were perfectly intact. His eyes were not injected, and no difference in the condition of the pupils could be detected. They

certainly both reacted well under the stimulus of light. There was no oscillation of the eyes, nor any strabismus; neither could I learn that there had been any even from the commencement of his illness. There was no drooping of the eyelids; on the contrary, his eyes were equally open. He slept well, ate well, and swallowed his food without any attempt at regurgitation or vomiting.

With aid he was able to walk, but only with a halting, unsteady gait, not unlike "Duchenne's disease." He, however, could stand alone, though with his eyes closed he easily lost his balance.

The progress of the case from this time onward, except toward the close, was slow. At intervals there was an appearance of an amelioration of some of his symptoms. Yet despite the varied treatment, the case steadily progressed to its fatal termination. From occasional changing of positions, from the upright to the prone and *vice versa*, he soon became unable to leave his bed. The paralysis, which at first was not complete, became complete hemiplegia; and the convulsive movements of the limbs, which at an earlier stage of his disease were a source of much discomfort, soon ceased to trouble him. His mental faculties at length began to fail, though at no time was there definite evidence of any confusion of ideas. His sleep, which before had been calm and peaceful, became disturbed, and the somnolence passed into one of evident restlessness. Towards the close of his life, sordes collected in and about his mouth, teeth and tongue; and the case assumed a more distinct typhoid type.

The senses of hearing and tasting became totally abolished; while the power of deglutition became impaired to such a degree that for the last three or four weeks of his existence, nourishment was introduced into the system, only per anum. He died on the morning of May 5th, 1868.

The autopsy was held a few hours after death, in the presence of several medical gentlemen. Cadaveric rigidity, well marked; emaciation very great; considerable blueish discoloration of dependent parts, particularly of the paralysed side.

On removal of the calvaria, nothing peculiar or remarkable was noticed, except, perhaps, a slight increase of vascularity of the membranes to the left, and in the immediate vicinity of the longitudinal fissure; and about midway between the anterior and posterior portions of the left hemisphere. The arachnoid at this point was somewhat adhered to the surface of the brain, though the adhesion was not very extensive.

There was also observed in this same region a bluish discoloration of the external surface of the brain, with a complete loss of its sulci. The amount of surface involved could be easily covered by an old fashion fifty cent coin.

Here palpation detected fluctuation, and on cutting down upon it by an incision made parallel to the fissure, and across the whole length of the hemisphere, an encysted abcess was brought to view.

This abscess consisted of three distinct cysts or chambers, in close juxtaposition; each of which were filled with pus and a reddish colored serum. The largest was situated externally to the smaller ones, and these within one quarter ($\frac{1}{4}$) of an inch of the median line or fissure. Their united capacity was equal to that of a small hen's egg. Their internal surface was of decidedly yellowish cast; while more externally it was quite vascular and of a somewhat grayish color. Beyond the cyst, in the substance of the brain, there was no evidence of any variation from the healthy standard, except possibly a slight degree of softening. There was no apparent increase of the puncta vasculosa, or any evidence of disease in either the copora striata or optic thalami.

The lateral ventricles contained a little more fluid than usual; but there was no softening about them. Cerebellum healthy. Cord not examined. It is to be regretted that neither the thorax nor abdominal cavities were examined, as undoubtedly incontestible proofs of atrophic changes would have been noticed; which, while they would not have had any influence on the pre-existing condition of the brain, would probably have developed points worthy of investigation.

Through the kindness of Dr. Samuel W. Thayer, of Burlington, who made a careful microscopical examination of a portion of the diseased brain, I am allowed to report that the examination resulted in finding "Blood corpuscles, pus corpuscles, serum and homogeneous matter", in what proportions I was not informed; "indicating an abscess of the brain, or that softening which sometimes follows the rupture of a small blood vessel in the brain. In the specimen sent, the examination failed to detect any evidence of malignancy whatever."

The points to which I would call particular attention in the case, are these :

1st. That there was unusual exertion attendant upon the accomplishment of a given piece of work within a given time.

2d. That the symptoms of paralysis did not manifest themselves until nearly twenty-four hours after the work was finished, and then only slightly, conjoined with convulsive movements of the muscles of the hand and forearm.

3d. That the paralysis, appearing first in the right hand and fore-arm, slowly and progressively increased, extending to the right foot and leg, until hemiplegia became complete; though the sphincters were not affected, nor the urine found unhealthy.

4th. That there was a general and gradual decay of all the powers of life, until the occurrence of death, which ensued after a lapse of six months.

5th. That, after death, evidences of disease were found in the substance of the brain, the membranes being but slightly involved.

6th. That careful microscopical examination of the diseased portion detected no evidence of malignancy.

Now, what should have been the diagnosis in this case? In the light of a post-mortem examination, the existence of a serious cerebral lesion is made patent to all. But without this examination to guide us, and with only a few prominent symptoms to assist us, such as a sudden, but partial, hemiplegia, which quite as well mark the existence of other lesions also, and the vacant expression, which would seem to indicate a commencing paralysis of the face, we are left in perplexity and doubt. In strictness we could *only infer* that a cerebral abscess existed, and the inference would have been equally good, as to cerebral softening, hemorrhage, or tumors, though in the latter the symptoms are usually more marked and characteristic. And I may say that they usually are in cerebral abscesses, for we frequently find them recurring as secondary consequences of disease of some portion of the cranial wall. In this case, however, no such disease existed. Had there been, it may have been a matter of very grave doubt whether meningitis might not have existed in conjunction with it. Again, on the contrary, we find abscesses existing in the brain, without any symptoms to mark their seat or development. Such was the case in a man who came under my notice while I was a student of medicine, who died of some pulmonary difficulty; in whom the existence of a cerebral abscess was not suspected while living, but was revealed by the knife. But in the case now under consideration, we notice that there was an unusual absence of symptoms, for which any attempt at explanation would be quite as much an acknowledgment of ignorance as it would be wanting in expression of anything positive. And yet the points in the rationale of the origin and occurrence of this abscess would seem clearly to be,

1st. That occasioned by an alteration in structure of one of the smaller blood vessels of the brain—probably partial rupture—consequent upon the vigorous and unusual muscular exertion of the patient in placing the large stone in its desired position, and was furthermore made complete by the continued exertion of the following day.

2d. That the sanguineous extravasation occurred on the same day the convulsive movements of the right hand and forearm first manifested themselves, and then in force insufficient to produce apoplexy.

And lastly, that this extravasation acting as a foreign body, and becoming the nucleus of a sub-acute inflammation, occasioned not only the slight adhesion of the membrane, but also the more serious lesion of softening and abscess, as a direct result of this inflammatory process. We conclude, therefore, that the brain *can be* and *is* often times seriously compromised by changes within its structure, with but few symptoms, sometimes not any, to indicate their existence.

FAILURE OF BROMIDE OF POTASSIUM IN PUERPERAL CONVULSIONS.

By T. D. Crothers, M. D.,
Of West Galway, N. Y.

In the Reporter of May 8th, Dr. Rothrock remarks of Bromide of Potassium—"some cases might be found in which this medicine, when fully tried, has been found powerless, though we have seen none such with attending report." As our experience has been unfortunate, with this remedy in convulsions, we give the Doctor and your readers the benefit of it.

Case 1st. Mrs. R., æt. 21. Primapara. Labor commenced morning of March 6th, 1868. Been troubled with dropsical swellings of feet and legs, for weeks before; no appetite and much nervous depression. Reached the house two hours after; found labor going on rapidly;

e os dilated and child in vertex presentation; pains severe; parts soft and dilated; membranes ruptured, and everything indicated a speedy termination. When suddenly violent tremor followed by convulsions came , lasting one minute, followed by others equal severity, after intervals varying from elve to twenty minutes. The head of child in cavity of pelvis, and with the forceps livery was affected with no difficulty. The acenta came away; the uterus contracted, th little hemorrhage. The child living. ne grain of morphia given; no chloroform uld be had; bromide of potassium given in llution thirty grains every hour. The pulse 0 and upwards. No effect apparent; the nvulsions continuing as before; bladder d rectum emptied on delivery; sinapisms to ck and feet; patient in a comatose condin. Five hours after chloroform obtained, d frequent inhalations given with no bene; patient succumbed two hours after; in all a hours after labor came on. There bro ide of potassium was a failure; the case *æmic eclampsia.* The determining cause; ntents of uterus, bladder and rectum re oved. It failed as a general sedative to ner us and vascular systems; it failed when ven heroically, and with other remedies.

Case 2d. Mrs. Q, aged 19; first labor; six nths gone; in good health; while picking rries, was overcome by the heat; reached me with the assistance of neighboring men. [This was in August last.] Taken th pain, which continued at irregular inter ls through the night; in the morning con lsions came on; reached the house soon er; convulsions severe; spasms lasting 40 conds, followed by tremblings and rigid con ion of body; then another spasm, and so for two minutes, when they ceased; then interval of fifty minutes, and the same mptoms came on again; the intervals were rked by a deep comatose condition of body; loroform given until two ounces were taken, t that could be obtained at that time; then omide of potassium given in twenty-five ain doses every hour; the os was rigid, and e parts contracted, and on consultation it as decided to bring on labor; a sponge tent roduced, and the os forcibly dilated; con action of uterus, and descent of fœtus began wly; one hour after it was extracted with ficulty—a well-formed, healthy child, dead; idently been so for some hours; little hem rhage followed, and natural contraction took place; patient sustained by brandy and beef tea per mouth and rectum; pulse 130; temperature 104 degrees and upwards—until an hour before death, when it ran up to 106 degrees; the convulsions and comatose state continued; bromide of potassium given in 30 grain doses, then 35 grains until death followed, eighteen hours after the commencement of labor; potassium had been given ten hours without any visible effect, except a slight increase of the pulse. If potassium had power as a sedative, its effect would have been apparent; given heroically for ten hours, it failed completely.

Case 3. Under the charge of Dr. S———, seen in consultation, Mrs. H., aged 24; primapara; a healthy, strong woman; confined at the usual time; labor natural; head presentation; membranes ruptured early; labor eighteen hours long; child living; uterus contracted; little hemmorrhage; forty minutes after delivery convulsions came on; morphine one grain given; one hour after, forty grains of bromide of potassium given, and continued until death four hours after; convulsions lasted from 40 to 60 seconds; pulse 140; body covered with cold sweat. Here bromide of potassium was useless. The symptoms all continued up to the last. A review of these cases indicates:

1st. A case of uræmia; potassium bromide given, alone, and with chloroform heroically; no sedative effect.

2d. A case of apoplectic convulsions; chloroform given, then bromide of potassium; no effect.

3d. Epileptic convulsions; morphine given with bromide of potassium, the result as above.

Bromide of potassium in my hands is a violent irritant, in large doses, to the mucus membrane of stomach and mouth, and in each of the above cases produced vomiting after the fourth and fifth doses. I have found the same effects in all cases where it is used heroically. My experience has led me to believe that Dr. BILL's theory of its action in his article in the *American Journal of Medical Science* for July, 1868, is true: "That in small doses it is an anæesthetic to the nerves of mucus membrane, and depressor of their action; its hypnotic effects are secondary." I think the use of this drug unsafe in convulsions—because it is not always a general sedative to the nervous system, nor is it prompt or reliable, in its effects. I think it is contra-indicated because if it

does no good, it may add new sources of irritation to the nervous disturbances of the system. Again we have numerous sedatives and anæsthetics whose effects are well known, and we are seldom justified in laying aside well known remedies for those of uncertain effects, in so serious a case as convulsions. In the above cases bromide of potassium given with other remedies and alone was a failure. This is but the experience of one, and should deter no one from carefully examining the subject.

Medical Societies.

ORGANIZATION OF THE MEDICAL SOCIETY OF THE STATE OF TEXAS.

Pursuant to call of the Washington Medical Association, physicians representing about twenty counties of the State, met at the Hutchins House in Houston, on Monday, the 14th inst., and proceeded to organize a State Medical Association.

Dr. J. A. Lawrence, of Anderson county, was called to the chair temporarily, and Dr. E. L. Massie, of Houston, was appointed Secretary.

A committee was appointed by the Chair to report on a constitution and by-laws for the government of the Association.

The Constitution and By-Laws was then sub ted by the committee, and adopted—it being same in chief as that of the American Medical A ciation, with its code of ethics. The committe nominations for permanent officers then made t report as follows:

Dr. T. J. HEARD, of Galveston, President.

Dr. R. H. Jones, of Washington, 1st Vice-P dent.

Dr. D. R. Wallace, of Waco, 2d Vice Presider

Dr. A. Connell, of Houston, Secretary.

Dr. W. P. Riddle, of Houston, Correspond Secretary.

D. F. Hassenburg, of Houston, Treasurer.

The report of the committee was received, and committee discharged. The officers were t elected. The report of the Committee on Cre tials was called for. Dr. Jones, on behalf of committee, moved that inlieu of the report, the n of each applicant, with his credentials, be read voted on separately, which was agreed to.

On motion, it was resolved, that the proceedi of this Association, together with the Constitut and By-Laws, and code ethics, be published pamphlet form, and distributed throughout State.

The Association then adjourned to meet in Ho ton, on the 14th of June, 1870.

EDITORIAL DEPARTMENT.

Periscope.

Remarks on a Mode of After-Treatment in Operations Upon the Urinary Organs, With Illustrative Cases, in the British Medical Journal.

Mr. T. R. JESSOP, F. R. C. S., Surgeon to the Leeds Public Dispensary; Lecturer in Physiology at the Leeds School of Medicine, has the following:

Although the two principle operations upon the urinary apparatus—lithotomy and perineal section—are surrounded by many difficulties and dangers, it will be readily admitted that, if it were possible to do away with the presence of urine for a sufficient length of time after the operation to allow of the wound being healed—if it were possible, that is to say, to put wounds of the urethra under like conditions with wounds in most other parts of the body—these operations would be deprived of more than half their terrors. The structures through which the surgeon cuts in the removal of a stone from the bladder, or in the division of a stricture, are not of that importance, that their entirety is necessary to the well-being of the individual; they have no vital functions to perform; they may be divided and rediv ed; they may be so much altered by inflammat disease, as to be hardly recognisable, and yet equal to the performance of their offices, in such manner, that the rest of the system shall know no ing of their imperfections. So long as the ureth passage remains tolerably patent, it matters lit what the condition of its immediate surroundi may be. Wounds of the urethral walls, and of t prostrate, heal readily enough oftentimes under t most unfavorable circumstances; and in cases wh the urethra has been laid open to a very considera extent, where the prostrate has been freely incis and the tissues of the bladder itself even divid there is every reason to believe, that union would rapidly and safely effected, were it not for the inte ference by the flow of irritating urine over the c surfaces.

To pelvic cellulitis from *urinary* infiltration, peritonitis, derived by extension of inflammation fro the prostate made to suppurate by the flow of *uri* over its cut, torn, or crushed surface, to pyæmia, i duced by the absorption of pus from the recent

de *urinary* fistula, the lithotomist will attribute a e proportion of his mortality. On two occasions, east, I have found the pelvic cellular tissue in a e of suppuration, and more frequently I have wn peritonitis to have have been present on *post tem* examination in cases which had undergone neal section; occurances which had undoubtedly n caused, either directly or indirectly, by the poi- ous influence of the *urine*. It is entirely due, eover, to the frequent escape of *urine* through wound, that troublesome fistulous openings every and again remain, after the urethra has been open. It was in the endeavor to prevent this untoward occurrence in a youth, who had pre- isly shown a peculiar tendency to the formation la, that I first adopted the plan, which it is my ct in this communication to advocate.

speaking of the treatment of urinary fistula, Sir ry Thompson, in his Sixth Lecture, published in *Lancet*, says: "It was sometimes attempted to such fistula by tying in a gum catheter for ks or even for months; but this always fails, and his reason, that urine always finds its way from bladder by the side of the catheter, along the hra, and so into the fistula, by the force of capil- attraction, and thus the object supposed to be inable, in reality never was and never could be mplished. The practical surgeon soon discovers tying in an instrument never ensures the transit ll the urine through it; some will always pass by side and defeat your purpose."

he experience of most surgeons, I imagine, will espond with that of Sir Henry Thompson in ving that, when a catheter is fixed in the bladder e does make its way by the side of the instru- t; but whether this escape of urine is brought t by the force of capillary attraction may fairly uestioned. Were that so, surely there would be ncessant dropping of urine upon the bed, rather the occasional involuntary gush, and the vol- ry stream through the instrument on the with- val of the plug, or the turning of the stopcock: should expect the bladder to be kept for the most in an almost empty condition by constant drib- g, rather that to find, as I have many times found there are several ounces of urine to be let off at visit. That the sphincter at the outlet of the der is less powerful to retain urine when grasp- a catheter, than when free to completely close the ce it guards, the involuntary escape of the urine l incontrovertibly proves; but that, when in a ably healthy state, it will allow the urine to flow he force of capilliary attraction, I can hardly ve. The sphincter when at rest is closed, the le uretha forms a closed canal, and it is none the closed when it contains a catheter. Urine will by the side of the catheter only when forced by contracting bladder behind, or when the bladder become over-distended, and that too when from some independent cause the sphincter and urethral walls are paralysed. Nevertheless it cannot be denied that, where a catheter is retained in the bladder, the urine does flow more frequently, and is less under the control of the will than when the canal is throughout free to close itself; but this probably results from the irritation produced by the presence of the catheter in the bladder, giving rise to increased contraction of the muscular coat, rather than from the diminished resistance to further dilitation on the part of the sphincter itself. I have observed in cases of perineal section, where a plugged catheter has been retained, that, *if the plug has been withdrawn at short intervals*, the urine has flowed through and by the side of the instrument only at the time of the withdrawal of the plug, and that the bed has remained dry from one withdrawal to another. The bladder is capable, it would seem, of holding a few ounces of urine when a catheter is fixed in it, and expels its contents only after a certain amount of accumulation has taken place. If this accumulation can be prevented, there will be no forcible contraction of the bladder, and consequently no escape of urine by the side of the instrument.

Case I.—In November 1866, I was consulted by George M., aged 21, under the following circumstances. On January 20th, 1860, he fell astride the foot-board of his bed: very extensive extravasation of urine followed, and he was removed to the Leeds General Infirmary to be under the care of the late Mr. Teale. The usual incisions were made, and the urine flowed freely through the perinæum. On the 18th of February following, as no instrument could be passed into the bladder, and the urine continued to flow through the perinæum, Mr. Teale performed perineal section, and fastened a No. 8 catheter in the bladder, which, however, had to be removed next day, in consequence of the pain it occasioned. The urethra was kept open by the occasional introduction of the bougie, as long as he remained in the hospital, and until the wound was closed. In the following June he returned to the hospital with a perineal fistula, through which almost all the urine escaped, and with the urethra impermeable to the smallest instrument. A second time perineal section was performed, and a No. 8 catheter retained in the bladder for forty-eight hours. The same instrument was then daily passed for seven weeks, and afterwards twice a week during the few weeks he continued to attend at the hospital. When last seen there was still a small opening through which the urine flowed in drops. In October, he presented himself again, in a condition very similar to that in which he had been admitted in the previous June, and again the operation was repeated, a No. 8 catheter being retained for nine days, and subsequently passed twice a week until he once more ceased to attend. Nothing further was seen of him, until May 1864, when he applied at the hospital for an urinal to relieve him

from the annoyance of incontinance. He refused further treatment, although his was urine passed involuntarily for the most part through a small fistulouss opening immediately behind the scrotum. When he applied to me in November, 1866, the perinæum was wholly occupied by a large abscess, and there was a constant dropping of urine from the end of the urethra. He had discarded his urinal, and consequently the skin of the penis, scrotum, and insides of the thighs, as low down as the knees, was in an almost raw condition. I opened the abscess by a deep central incision, and in a few hours urine flowed freely through the wound. When the swelling had subsided, and healing had proceeded apparently to its full extent, three-fourths of the urine was passed through the fistulous opening in the perinæum, and the remainder dribbled from the end of the penis.—I was unable to introduce any instrument into the bladder, even after the most perservering endeavours and with the aid of chloroform. I therefore performed perineal section on January 29th, 1867, and fixed a No. 10 silver catheter in the bladder. The end of the catheter was closed by a plug, which was directed to be withdrawn whenever the urine was passed. At each passing of urine some escaped by the wound, so that, at the end of three weeks, the edges of the now contracted wound had assumed a healed appearance, and it was evident that a permanent fistula was about to be formed. On February 20th, with the intention of preventing the accumulation of urine by the provision of a permanent drain, thereby securing a continued quiescent state of the bladder, and in the hope that the flow through the fistula would be wholly prevented, I attached an India-rubber tube, of the calibre of the catheter and two yards long, to the end of the catheter, and carried the unattached end into a vessel beneath the bed. The object was fully attained. Not a drop of urine was ever afterwards passed through the perinæum, and in a little more than four weeks the wound had quite closed. For six months I occasionally passed a No. 10 bougie. He remains well at the present time.

Case II.—In May 1867, William C., aged 6 years, was brought to me from the country. In the previous January he had been cut for stone, and a large calculus weighing seven drachms had been extracted. For a time his symptoms disappeared, but they soon returned with increased vigor, and a fistulous opening at the inferior extremity of the cicatrix remained from which the urine was almost constantly droping. On sounding, I readily detected the presence of more than one stone. On May 22nd, I performed lateral lithectasy, and extracted four small phosphatic coated calculi, weighing together one drachm. In the external incision I included the fistulous track. Immediately on the completion of the operation, I passed through the penis, and fixed in the bladder, a No. 6 silver catheter, with India-rubber tube attached. In the evening of the same day a wet s as large as a crown piece, was observed upon sheet; but as this was partially stained with bl and had not an urinous odour, it was from the se only. With this exception, if exception it could called, *all* the urine passed through the tube. the morning of May 25th, the tube and cath were removed; the wound had closed at the surf The urine continued to flow through the urethra, on the 26th he ran about the house quite well.

Case III.—On March 12th, 1867, I remove small oval calculus weighing two and a half drach from the bladder of Mrs. M., aged 46, at Pudsey n Leeds. She had suffered from symptoms of stone four and a half years, and during the last two y her life had been miserable in the extreme in co quence of the almost incessant straining to p urine. The urethra was *rapidly* expanded by Wei dilator, to such an extent as to allow a pair of dinary small sized lithotomy forceps to be introdu between the blades of the instrument; the stone then seized, and was readily withdrawn. The tent of the dilatation required for the extractio the stone grasped by the forceps is represented b circle, whose diameter measures seven-eighths of inch. A silver female catheter, with India-rub tube attached, was fixed in the bladder, and retai until March 18th. During the entire treatment a single drop of urine ever escaped upon the bed, a when the catheter was removed she could retain urine for an hour and a half. She now has perf control over her bladder, and is quite well.

Case IV.—In December 1867, I was called to Mrs. B., who five days before had been delivered her first child. Her labor had lasted many days, a finally a dead child had been extracted by inst ments. For the first two days after her delive she had not passed any water, and since then she h suffered from violent abdominal pain, and her l had been constantly soaked with fœtid urine. found the bladder distended so as to reach above t umbilicus, the vagina in a putrid and sloughi state, and urine dribbling from the orifice of t urethra. A very large quantity of decomposed ur was at once drawn off through a catheter, whi with India-rubber tube attached, was fixed in t bladder. The friends were directed to syringe t vagina several times daily with warm water. T catheter was removed at the end of six days, havi during the whole of that time been the means keeping the bladder continually empty, and the b perfectly dry. The patient ultimately recover with no other defect than a contracted vagina.

I might cite many other cases; but these are suf cient, I think, to prove that it is quite possible, the means I have indicated, to carry off all the uri as secreted both from the male and female bladde without allowing any to escape by the side of the i strument; indeed, whilst I have in dozens of i

stances proved the fact, I have not yet met with a case in which urine escaped by the side of the catheter.

It would seem then that, if the urine be allowed to accumulate even to a slight extent, whilst a catheter is retained in the bladder, as is necessarily the case where *plugged* catheter is made use of, the bladder will by its contraction force some of its contents out by the side of the catheter, and so defeat our object; whereas, if a continuous drain be provided, whereby the bladder can be kept constantly empty, the urethra, even when it has been freely incised, or, as in the third case narrated above, when it has been very considerably dilated, may be kept free from the contact of urine.

I need hardly dwell further upon the importance of this fact in the after-treatment of operations upon the urinary apparatus. I am sanguine enough to think that the use of the continuous drainage-tube may be the means of materially diminishing the mortality in these cases, by removing the principal barrier to union by first intention of the incisions into the urethral canal.

Before concluding, I am anxious that I shall not be understood to be putting forth a claim to have been the first to have attached an India-rubber tube to the end of catheter, for the purpose of carrying off the urine into a vessal beneath the bed; for I am well aware that several surgeons have anticipated me in that they have made use of the tube for purposes of cleanliness and convenience, but I am not aware that it has ever before been suggested as a *principle* of treatment in lithotomy and perineal section. And yet, whilst my main object is to show, that in the India-rubber tube we have a means at our command by which urethral wounds may be rendered comparatively simple, I would take this opportunity of strongly recommending its extended application in many of those cases, whether in the male or female, in which the frequent use of the catheter is called for, on account of the great comfort which will be thereby secured for the patient, and the valuable convenience it will prove to the surgeon. I have known a medical man travel thirty miles a day, during many consecutive days, for the purpose of passing a catheter for a female after parturition, and I have lately restored the perineum by the usual plastic operation in a patient, who, owing to the distance at which she lived, would have been compelled at great inconvenience to have left her home, had I not been able to dispense with the necessity of regular catheterism by the use of the tube.

Vermont Registration Report, 1867.

The following abstract of the summary of observations appended to the Eleventh Annual Registration Report of Vermont, has been kindly furnished us in advance of its publication, by the author, L. C. Butler, M. D., of Essex.

The registration of 1867 comprises returns from all the towns in the State save five; these are East Haven, Bloomfield, Brighton, Woodford and Fair Haven, having an aggregate population of 3,158.

During the year, the whole number of births in the State was 6,468; of which 3,272 were males and 3144 were females. Of 52 the sex is not stated.

During the same period, the marriages were 2,857 couples or 5,714 persons, a number less by 144 couples than were reported in 1866, but considerably greater than the number reported for any year previous to that.

The number of deaths for the same period was 4,088, of which 1,975 were males and 2,083 females. Of 30 the sex is not given.

Compared with 1866 the number of births was 64 less; 115 greater than in 1865, and 715 greater than in 1864.

The deaths were 247 greater than in 1866, when 3,841 were reported; 770 less than in 1865; 1,205 less than in 1864, and less by 219 than the average for eleven years past, 1857–67.

The population of the State being 315,098, there was during the year one birth to every 48.7 of the inhabitants, against one to every 48.2 in 1866. One person out of every 55.1 was married, against one for every 50.8 in 1866; and there was one death to every 77 persons living, against one to every 82 last year.

The average number of births daily was 17.72, last year 17.62. The number of marriages was 7.82 daily against 9.43 in 1866, and of deaths 11.2 against 10.52 last year.

The average age of those who died was 38.14, last year 38.48.

POPULATION AND BIRTHS.

According to the United States Census of 1860 Vermont has remained nearly stationary in population, her increase being only 978 in ten years. By the small margin of "one-third of one per cent. she was saved from a positive loss of inhabitants."

By reference to the Registration Reports of the State for the eleven years past 1857-67 inclusive, it appears that the total number of births during that period was 66,432 and of deaths, 47,379, showing an apparent increase of population of 19,053 or a mean annual excess of births over deaths of 1,732. Yet the United States census gives only an annual increase of *ninety-seven* from 1850 to 1860. During one-half of that period covered by that census, the excsss of births over deaths was equal to an annual increase of 2,285. Statements differing so widely can hardly both of them be true. And yet that Vermont is losing in population by the tide of emmigration which is flowing steadily away from her borders, can hardly admit of a doubt. Vermonters are found in every State and Territory of the Union.—The bone and sinew, intelligence, enterprise and worth of the Green Mountain State, are giving character and energy to the rising institutions of the

great West and sunny South. The extent of this depleting process by which Vermont is constantly being deprived of her most substantial citizens, is shown by the mere fact that from 1850 to 1860, 174-765 of her inhabitants emigrated to other States and Territories in the Union, whilst only 43,198, came to Vermont from other States. In ten years, therefore, Vermont lost of her inhabitants by emmigration alone, 131,567, or 13,156 annually. Or deducting the excess of births over deaths in the State during the period covered by both the United States Census and the Registration reports 1857-60 inclusive, and we still have a net loss of 122,427 or 12,242 annually. If this rate of depletion has continued since, (and we know of no cause which has arrested it) the ninth United States Census will show a large actual decrease of our population; and that while we have a yearly excess of births over deaths, still emigration absorbs all that excess and largely overbalances the apparent increase.

BIRTHS.

The number of births for the year 1867 was 6,468. The average annual number for eleven years 1857-67 is 6,039 which is 1,732 more than the average annual number of deaths for the same period. The birth rate for 1867 was 2.05 or one to about 48.7 of the inhabitants. It was the highest in 1859 being 2.11 or one in every 47.7 of the population, and the lowest in 1864, the year previous to the close of the war, being 1.68 or one in 61 of the inhabitants. During the first year of peace it rose to 1.69. In 1866 it was 2,07. The average for eleven years is 1.93 or one in 52.25 of the population.

In England, with a population of eighteen millions during twenty-six years from 1838 to 1863, the average birth rate was 3.33. In Massachusetts with a population of 1,267,031 the highest rate was 2.90, 1852; 2.85 in 1856-60; the lowest in 1862-5, the war period, 2.46, and in 1866 rising to 2.69.

The proportion of the sexes born in the State in 1867, was 104 males to each 100 females.

The largest number of births, 480, occurred in October, last year in September; the smallest in March, last year in January. One hundred and thirty plural births are recorded, among which were *four* cases of triplets, viz: in Monkion *two* females and one male: in Whiting and Benson each *three* males, and in West Haven *three* females. Eighty-two are recorded as *still-born*, which is probably somewhat under the actual number.

In regard to parentage the greatest ratio of American births was in 1861, the first year of the war, when it was 58.7 and the smallest ratio in 1864 the year before its close, when it was 83. The ratio has been gradually increasing since and is now very nearly what it was in 1859.

On the other hand the greatest ratio of foreign births was in 1866:—19—; and the smallest in 1864, when it was 32. The figures for 1867 show an increase of American births and a decrease of those of foreign parentage. The fears entertained by some, therefore, that the foreign population, might ere long outnumber the American, by natural increase, is hardly verified by the latter registration statistics of the State.

In no county of the State have the births of foreign parentage exceeded those of the native population.

MARRIAGES AND DEATHS.

The number of marriages recorded is less by 144 than in 1866. Of these 3,411 are set down as Americans; 490 as foreigners and 1,783 as unknown.

The largest number of marriages was in Windor county, and in the month of November; the smallest in Grand Isle county, and in April. The ratio of marriages to population is one to 110, or one person married to every 55 persons living. The average for eleven years is one to 141.6, or one person married to every 70.8 living.

In 796 instances the bride was under 20 years of age; in 76 the groom was under 20, and in 57 instances both parties were under 20. Twenty-two men and two women were over 70 years of age. Three widowers over 70 married maids over 40, 60 and 70 respectively.

The effect of marriage upon the longevity of the sexes is a subject worthy of investigation. Unfortunately the statistics given in our Registration report do not show the married or single condition of those who die, so minutely as to afford the data upon which we can safely base our calculations or inquiries.

DEATHS.

The deaths in 1867 were 247 greater than in 1866, and 219 less than the average for eleven years, 1857-67, the average being 4,307, or one to every 74 inhabitants.

The counties of the State rank in healthfulness as follows: Windsor, Rutland, Windham, Chittenden, Washington, Caledonia, Orange, Franklin, Bennington, Addison, Orleans, Lamoille, Essex, Grand Isle.

More than one-third of all the deaths in the State occur under the age of ten years. Sixty-six died between the ages of 90 and 95. Seventeen were above 95 and *five* were one hundred and upwards, viz: Esther Smith, of Chelsea, 100 years and two months; Grace Davis, of Halifax, 102 years and 26 days; Sarah Caldwell, of Hubbardton, 100 years; Thomas Still, of Sandgate, 102 years; Nathan Smith, of St. Albans, 100. Of all the decedents, 1,975 were males, and 2,083 females.

The number of deaths during the year is equal to 1.29 per cent. of the population. Last year it was 1.21 per cent. The average per cent. for eleven years is 1.36. In Massachusetts the death rate for 1866 was 1.86. The rate for all England is about 2.21. The standard of normal mortality in that country has been generally recognized to be 1.70

per cent. or *seventeen* in a thousand, and as the mortality ranges above or below this point so it is reckoned healthy or unhealthy. This standard is not, however, absolutely fixed, and it is liable to change with succeeding generations. It is only an approximation, a point aimed at but hardly ever reached. Assuming this, then, to be the standard death rate, the results of our registration must be regarded as highly satisfactory, and as indicating that the prospect of long life in Vermont is not only better than in our sister State of Massachusetts, but is as good to-day as that of the inhabitants of any civilized country.

CAUSES OF DEATH.

No desolating epidemic swept over the State during the year, and yet the number of deaths was increased, and the increase pertained to all the classes of disease save the violent. Diptheria caused the death of 73, against 190 in 1866; about one-half were under *five* years of age, and more than two-thirds were under *ten*. This disease reached the climax of its fatality in 1863, when 1,225 deaths were recorded. Since that period the number has gradually decreased, till now it is hardly more fatal than many other diseases, and has ceased to be dreaded as a desolating epidemic. Scarlatina was the cause of 21 deaths, all under ten years of age, a much smaller number than in any previous year. Scarlatina, or Canker Rash, is now understood to be non-contagious. It frequently makes its appearance in families and neighborhoods, none of whom have been exposed to it, and is thoroughly amenable to proper treatment. The fatality from Dysentery is larger than in 1866. One hundred and seventy-four deaths are recorded, against 139 in that year. One hundred and one were under five years of age. The greatest mortality was in August and September, the least in November and December.

The number of deaths from Fevers of all classes, was also larger than in 1866. In that year 228 deaths were recorded; in 1867, 286. The average annual number of deaths from this cause for eleven years is 313, or 6.6 per cent. of all the deaths.

The counties bordering on the Connecticut river show the greatest mortality from Fevers. Windsor, Orange, and Windham rank highest on the list. Next in order is the interior county of Washington, then Rutland in the southwestern part of the State, and then Caledonia on the upper Connecticut. Chittenden, Addison, Bennington, and Franklin on the eastern shore of Lake Champlain, then follow next in order; and last are Orleans, Lamoille, Grand Isle and Essex.

Forty deaths from Diarrhœa are recorded; 56 of Cholera Infantum; 73 from Whooping Cough; 7 from Cholera, one each in Franklin, Orange, Rutland, Washington, and Windham Counties, and two in Windsor county. Privation is credited with the death of *three* persons, *two* in Franklin, and *one* in Orleans Counties. Intemperance with *one* in Orange County, and Delirium Tremens with *none*, a gain of 200 per cent. from 1866.

But of all the diseases which afflict the human race, no one proves so destructive to so many lives as Consumption. An epidemic like cholera or diphtheria may sweep over the land and carry off many more in a given year, but none can compare with consumption in its annual ravages. Year after year it invades about the same number of households, and consigns about the same number of victims to an early grave. It takes the lead of all the long line of causes which arrest the current of life, not only in Vermont, but in *twenty-one* States of the Union. And if we connect with it all other descriptions of lung disease, the census of 1860 shows that no other cause is so fruitful in death. During the year 1867, consumption caused the death of 792 persons, or 20.63 per cent. of all the deaths in the State. Every county in the State is represented, and every month in the year. The average annual number of deaths from this disease for eleven years is 755, or 18.57 per cent., and of all tubercular diseases 812, or 20.56 per cent.

By counties the fatality was as follows;—Windsor, Windham, Washington, Rutland, Caledonia, Orange, Orleans, Franklin, Chittenden, Bennington, Addison, Lamoille, Grand Isle, Essex, or, if equally distributed, nearly 55 to each county. The months ranged as follows:—April, March, May, September, August, December, October, November, January, July, June, February. In 1866 the greatest number died in March, and the least in October. The average for each month is 64.8. By far the largest proportion of the decedents were between the ages of 20 and 40, showing that this disease completes its work of destruction in the prime and vigor of life. Beyond fifty the number of deaths is small, while there is only an exceptional one at eighty.

The geographical distribution of consumption is about equal through the counties, in proportion to the population.

Spontaneous Rupture of the Heart.

At a meeting of the Dublin Pathological Society, March 28, '68 (Dublin *Quarterly Journal of Medical Science*, November, 1868, p. 471), Dr. T. E. LITTLE said that cases of spontaneous rupture of the heart were sufficiently rare to render them of interest. The subject from whom the specimen was taken was a gentleman aged 60 or 65, who had never suffered from any symptoms referable to heart before the attack which terminated fatally. He had fallen into a condition of extreme corpulence. About eight hours before his death, after his ordinary dinner, he was attacked by a sudden feeling of oppression about the pericardium, and a sense of weakness, and he vomited very considerably. In a short time he recovered so as to take a walk. Dur-

ing the rest of the evening he felt weak, shivered once or twice, and had a couple of attacks of vomiting, but felt so well that he would not allow a Doctor to be called in. He went to bed, and soon afterwards felt a sudden return of the feeling of oppression, and died perfectly quietly "as if in a faint," his wife said.

The post mortem showed that the point of rupture had taken place at the usual position, *i. e.*, at the front of the apex of the left ventricle. On the outside it presented a slight slit-like appearance of about a quarter of an inch in length, and it had taken place at a point where a large mass of superficial fat was deposited. Inside, the carneæ columnæ were considerably broken up at the seat of rupture. There was another point in connexion with this of some interest. Just anterior to, and at the right side of, this *complete* rupture, there existed a second, and *partial*, rupture, the muscular fibres being completely broken through, but the pericardium remaining, as it could be still exhibited to remain, unruptured. This partial rupture was distended with blood, and presented on the surface of the heart a small ecchymotic-like spot: so that they had here, as it were, a comment upon what had occurred in the other and more advanced lesion. Thus they could easily believe that the rupture did not occur as a single act; but that possibly, first a breaking up of the carneæ columnæ occurred, then a total rupture of the muscular walls (as in the case of partial rupture), and that not until some time afterwards did the pericardium give way.

The clinical history of the case also confirmed this view. The man had symptoms directly referable to some sudden lesion of the heart, which were not immediately fatal, and it was not until several attacks of these symptoms were repeated that he died. The valves were perfectly healthy, if we except the existence of a few spots of atheroma. The coronary arteries, with the same exception of a slight degree of atheromatous deposit, were also quite healthy; and there was nothing to explain the lesion in their condition.

A microscopic examination of the heart showed a condition of fatty degeneration of the cardiac muscular tissue, extremely capricious in its extent in different regions, so that he could with difficulty say where the greatest amount of it was to be found. Where the rupture took place some of the fibres were extremely degenerated, while in the immediate neighborhood of it there were others unaffected, in which the transverse striæ were perfectly distinct. Strange to say, it was in the right auricles that he found the degeneration of the fibres to have advanced further than in any other place examined. The microscope also showed that in certain places a deposition of adipose tissue had occurred interstitially, *i. e.*, between the fibres in the substance of the cardiac walls; and this not as a mere extension of the superficial deposition, for it was most pronounced in certain of the musculi papillares.

If he spoke of the pathological anatomy of this heart, as to the fat it contained, there were three points to be considered: Firstly, adipose deposit on the outside; secondly, the interstitial deposit of fat between the fibres; and thirdly, the true fatty degeneration of the muscular fibres. Another fact observed by the microscope was, that imbedded in the fibres of the right side (where alone this was observed) there was a quantity of crystalline structures of a reddish brown appearance, which he took to be blood crystals. As to the etiology of these conditions, they might easily believe that the adipose depositions were connected with and a part of, the general corpulent condition that this man had fallen into during the latter years of his life; but he believed pathologists did not think fatty degeneration of the heart had any connexion with corpulency; nor indeed did there appear to be any good reason why such a connexion should be expected to exist in the heart's case, which clearly does not maintain in cases of the same lesion in other organs. It might be possible, however, that, whereas fatty degeneration was not connected with a general tendency to deposit of fat, at the same time the impediment placed upon the nutrition and functions of the organ by the quantity of fat collected round it might have led to this as a secondary lesion, and that thus the two conditions might stand to one another in the relation of cause and effect.

Resuscitation of Asphyxiated Infants.

The following case is given by Dr. J. P. Chesney in the Leavenworth *Med. Herald*:

Case.—At 3 o'clock A. M., February 28, 1868, I was in attendance on Mrs. S., in confinement with her second child. On making digital examination as to the progress of the labor, I found the feet presenting; the dilatation was completed, and the body and extremities of the child delivered at 4 o'clock; but here the labor was arrested by a failure on my part to deliver the head. The child was strong, and made convulsive efforts as if to relieve itself from its strangulation; I still, of course, using my best skill in attempts to disengage the head, whilst I at the same time tried to admit air to its mouth and nostrils. All my exertions at delivery were, for the time, fruitless, and I was very unwillingly compelled to witness the final cessation of all movements in the child—the heart and cord were pulseless, and the child was dead, and I had well satisfied myself of this fact many minutes before I unhesitatingly declared the fact to the attendants. As the mother was doing well, and there was now nothing to necessitate special expedition in the delivery, I manipulated at my leisure, and, after what seemed to me a long time, I succeeded in completing the delivery.

I now, merely for the purpose of experiment, and with not the remotest idea of accomplishing anything so valuable as the saving of a life in this instance, set about artificial respiration, by holding the nose of the babe, adjusting my lips to its mouth, inflating the lungs, and then, by gently compressing the chest, again forcing the air from them, in imitation of expiration. The facility with which I could accomplish this, induced me to keep it up for a considerable time, out of mere idle curiosity. It chanced that in one of the expiratory manipulations, I thought I felt a slight quivering, or vibratory motion, in the region of the child's heart; but on closer examination I found not the least motion; I still kept up the respiration, and very soon perceived the motion again, succeeded directly by a spontaneous effort at inspiration. Work was now resumed in earnest, and in a very few minutes the child could breathe so well that I took time to look up, and to my surprise it was broad daylight, and the sun nearly up! I was really surprised, as before stated, to see what a time I had been engaged with the case; and although I omitted to look at my watch at the conclusion, I am well satisfied that, from the moment of the cessation of the heart's action, until its return again by the artificial respiration, must have been no less time than *two hours* at the very shortest reckoning.

I am well satisfied that the notion that death is nevitable when the heart has ceased to beat for five minutes, is fallacy—at least so far as the new-born babe is concerned—and I have learned, moreover, that we are *hardly ever* justified in putting the still-born child aside as irrevocably lost, without first making persistent exertions for its resuscitation.

I may add that the child above noticed is now a fine healthy boy, some days in his second year; and any one seeing him now, and not aware of the facts above narrated, would be loth to believe that he had in reality paid a visit of two hours to the realms of the dead.

Nine Bones in the Cranium.

Wm. J. Burge, M. D., Atchinson, Kansas, makes this note in the Leavenworth *Med. Herald*:

There is a curious skull in the possession of Mr. E. D. Wilson, of Waterville, Kansas, which I had the pleasure of examining, about a year ago, and which seems to me worthy of a passing notice. It is the skull of an adult, and is said to have belonged to a negro while it was animated. The only observable peculiarity is the formation of the occipital bone. From about one inch and a quarter on each side of the junction of the saggittal with the lamdoidal suture, there is a perfectly distinct suture, the two meeting just above the occipital protuberance, and forming a lozenge-shaped bone. I have looked in vain through the works on anatomy within my reach for any mention of anomalies of the occipital. Should this lozenge-shaped bone be separately nominated, or must we regard it as a rare division of the occipital? Mr. W. informed me that this peculiarity exists in the skulls of all negroes. I could not swallow that statement without further proof.

Query.—Has the negro one more bone in his cranium than the white man, and, if so, why has it not been named?

[This is unquestionably merely "a rare division of the occipital." No such peculiarity is usual in negro crania, but such anomalies are more frequent with them than with the white race.—Eds. Rep.]

Interesting Antiquarian Discoveries.

At a meeting of the Royal Asiatic Society, London, May 31st, Sir Henry Rawlinson expressed his conviction that the Babylonian writings and monuments now in the possession of the British Museum would turn out to be intimately connected with the earliest Biblical writings, and that, before long, the whole of the early history given in the Book of Genesis, from the time of Abraham downwards, would be found existing in its original form among these primitive stone records. He also announced that in a short time he should submit to the Society evidence that the name "Garden of Eden" was the old and natural name of Babylon. He stated that there were Babylonian documents which gave an exact geographical description of that Paradise in which the opening scene of human history is laid, answering precisely to the topography and the geodesical particulars of Holy Writ. In them he has found the four rivers, or rather, the four branches of "the river which went out of Eden to water the garden," mentioned by the very same names, Pison, Gihon, Hidekel and Euphrates. He has also met with accounts of the Flood and the building of the Tower of Babel, which bear with singular directness and value upon the Biblical narrative of those events.

Opium Culture in Texas.

A correspondent of the *Scientific American*, writes:

"The frequent mention of the poppy in the recent numbers of your paper, and of the possibility of its successful cultivation in America, reminds me of the acres of this flower that I have seen growing wild in Texas. In portions of Texas, at this season of the year, you will see whole acres covered with the white poppy in bloom, standing as thick as you ever saw wheat growing in a wheat field. About West Liberty, Columbus, and other towns, it grows spontaneously on every uncultivated spot. I was informed that very good opium had been made from this wild white poppy in Texas. If any one wishes to cultivate the poppy for opium, or the *Palma Christi* for castor oil, Western Texas is the country for him to go to find the proper soil and to buy land cheap."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 10, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from this date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

THE STATUS OF MEDICAL SCIENCE.

In a recent article on this subject, the *Scientific American* has the following conclusion:

"On the whole, we do not think the prospects of the drug trade, for a brisk business, during the latter half of the twentieth century, are altogether flattering. Before the expiration of that period, man will, perhaps, not have practically learned that diseases may be warded off by a clean, temperate life; but he will at least, have learned that diseases, once acquired, cannot be cured by cathartics, emetics, or any of the other "ics," and, throwing himself upon nature, will give her the best chance to work he can, and thus secure the only possible chance he has for recovery."

What astonishing twaddle this is for a paper which calls itself *scientific* to perpetrate! And on what is it founded? On a few newspaper and magazine reviews of medical works, especially one recently published in the London *Quarterly*, written by men who evidently had no real knowledge of their subject, as any well educated medical man could see on reading a page.

The time will never come when cathartics, emetics, venesection, sudorifics and hypnotics will be discarded by the physician of wide culture and sound experience. Quacks and narrow-minded, one-ideaed men there always will be, as there always have been, who will discard, and seek to make capital by inveighing against this or that means to combat disease.

It is quite time that physicians ceased to countenance this depreciation of drugs. We know, if we know anything, that the animal and vegetable worlds do provide remedies for disease, means of allaying pain, materials to attack, successfully, symptoms. We know that the pharmacopœia contains many an article used and approved by every generation since the days of Hippocrates. We know that every year that pharmacopœia is extended and enriched by the addition of new and potent preparations and substances, which will be treasured through all coming time.

What if for a time, or entirely, a new remedy, more pleasant to the taste, cheaper, easier obtained, or more efficient, supplants an old one? Is therapeutics any the less sure, any the less a sound, trustworthy art?

PATENT-RIGHTS.

We referred recently to the change in the views of medical men in Great Britian, which is now taking place with reference to the propriety of taking out patents for surgical instruments. Although our own views have often been expressed in this journal to the effect that so long as this is insisted on as an article in the code of ethics, it is proper to observe it, yet the time may come when we should discuss anew that article.

Recently the senior editor of the N. Y. *Tribune*, Mr. HORACE GREELEY, in an editorial, discussed, with his usual clearness and force, the influence of labor-saving machinery upon the civilization and progress of the world, and showed the immense value and benefits which have resulted from inventions, contributing, at the same time, his protest against the efforts of those who would seek to abolish, or disparage, the system of protecting the property right of inventors and authors to their discoveries and works. The discussion of this subject by Mr. GREELEY is timely, especially when viewed in connection with the recent effort in the British Commons, to secure the abolishment of the Patent System of Great Britian, and the change in the view of the medical patents we have alluded to.

—— FIBRIN OF BLOOD.—Messrs. Bauchamp and Estor maintain that the so-called fibrin of blood is only a kind of membrane formed by the microzymas associated with a substance secreted by them by means of the albumenoid substance of the blood.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 19.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Treatment of Gonorrhœa.

D. Hayes Agnew, M. D.

166. ℞. Tincture cubebæ, fʒ j.
Copaibæ, fʒ ss.
Liquoris potossæ, gtt. v.
Liquoris morphæ sulphatis, fʒss.
Aquæ cinnamomi,
Misturæ camphoræ,
Pulveris acaciæ, aa. fʒj.
Sacchari albi, aa. gr. vij.

For one dose—three or four times a day.

Freeman J. Bumstead, M. D., New York.

167. ℞. Argenti nitratis, gr. 1-6. 1-4.
Aquæ destillatæ, fʒj. M.

Recommended as an efficacious and perfectly safe injection for the abortive treatment of Gonorrhœa. It is to be used every two or three hours until the desired amount of substitutive inflammation is attained. It is adapted only to the commencing stage; if employed after the discharge has become purulent and pain is felt in passing water, it is almost sure to fail and delay the cure. This injection should only be used under the supervision of the surgeon.

M. A. Cullerier, Surgeon to the Hospital du Midi, etc., Paris.

168. ℞. Copaibæ, f.ʒv.
Cubebæ, ʒiv.
Spts. menthæ piperitæ, q. s.
Fiat confectio.

From four to five drachms a day are given. This formula is one of the most frequently employed at the Hopital du Midi.

For the *abortive* treatment of gonorrhœa, our author uses large doses of Copaiba (f.ʒiv–v. a day) or cubebs (ʒv.–viij. a day). He considers them much more valuable than any of the abortive injections. They are to be employed only, however, when the gonorrhœa is of recent date, when there is little or no pain, and where the discharge is not as yet muco-purulent.

Under favorable circumstances, when the abortive treatment is thus employed, the discharge will diminish or disappear in the course of four or five days. The treatment should not then be suspended, but, on the contrary, continued for several days after the cure is apparently complete. If this precaution be neglected, the inflammation may re-appear. If, after from six to eight days, no improvement is manifest, it is useless to persist longer in this form of treatment. Astringent injections should not be combined with this use of the balsam. They have no advantage at this early period of the disease, and often keep up an amount of irritation, which may interfere with the effect of the internal remedy.

(Dr. C. P. Judkins, of Cincinnati, in the Cincinnati *Lancet and Observer*, for March, 1869, reports a number of cases of gonorrhœa treated, in their acute stage, in the manner recommended above by Cullierer. His results were very favorable.)

When the inflammatory period of gonorrhœa is over; when the discharge is unaccompanied with pain and erections have ceased; when, in short, there is no longer any danger of excessive irritation from local treatment, Cullerier advises injections to complete the cure.

The following are those most frequently prescribed at the Hospital du Midi:

169. ℞. Zinci sulphatis,
Plumbi subacetatis, aa gr. xv.
Aquæ, fʒ iv. M.

170. ℞. Aluminis, ʒss–j.
Aquæ, fʒ iv. M.

171. ℞. Acidi tannici, gr. vij.
Aquæ, fʒ j. M.

Two injections a day are sufficient. Before each injection the patient should urinate.

172. ℞. Bismuthi subnitratis, ʒv. ʒj.
Aquæ, fʒ vj. M.

This injection is useful in chronic discharges. The almost insoluble salt is deposited on the walls of the urethra and separates them, producing its good effects rather by this isolation of the surfaces than by its medicinal action. The patient should prepare the injection himself when he uses it. If kept a day or two it becomes acid and does harm.

Prof. S. D. Gross.

173. ℞. Copaibæ, f.ʒss.
Spts. ætheris nitrosi, f.ʒij.
Tincturæ opii, f.ʒj.
Sodæ bicarbonatis, ʒj.
Pulveris acaciæ
Sacchari albi, aa. ʒj.
Aquæ camphoræ, f.ʒiv. M.

Tablespoonful three times a day.

Dr. J. D. Hill, Royal Free Hospital, London.

174. ℞. Glycerini acidi tannici, f.ʒiij.
Olei olivæ,
Misturæ acaciæ, aa. f.ʒj. M.

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* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

This injection our author has extensively employed in hospital and private practice. It should be used in the following manner: The bladder having been first emptied, the bottle containing the lotion is to be well shaken, and about two drachms of it briskly poured into a saucer, and quickly drawn into a syringe. The penis is then to be held in the left hand, with the thumb and little finger respectively placed upon the superior and inferior portions of that organ close to the symphysis pubis and the fore and middle fingers resting in like manner upon the superior and inferior surfaces of the glans, close to the meatus urinarius. The syringe, with the piston withdrawn, is now to be taken up with the right hand, and the nozzle, as far as its shoulder, carefully passed into the urethra. The thumb and little finger must press the root of the penis to prevent the passage of any fluid beyond this point. When a sense of tension is felt the syringe may be withdrawn; but the front fingers must previously be so applied as to compress the glans, and thus prevent any escape of the fluid. Next, with the thumb and forefinger of the right hand the fluid in the urethra is to be set in motion, and so kept for or five minutes. This will be attended with a gurgling noise from the mixture of air and fluid. Thus, when the injection has insinuated itself within the folds and lacunal of the urethra, it is allowed to escape. In this manner, it is asserted, the bladder is protected on the one hand, and on the other there is a certainty of the fluid being applied to the whole of the affected surface.

Glycerinum acidi tannici is officinal in the British Pharmacopœia. It is made by rubbing together in a mortar, one ounce of tannic acid and four ounces ofglycerine, then transferring the mixture to a porcelain dish, and applying a gentle heat until complete solution is effected.

M. Luc, a French military surgeon uses in gonorrhœa, when the discharge is without pain, an injection of a thin paste of finely powdered starch and hot water.

Thomas Hawkes Tanner, M. D., F. L. S. etc.
London.

175. ℞. Liquoris plumbi subacetis, f℥j
Aquæ, f℥ iv. M.

This injection, our author thinks, is generally the most useful; it should be employed every eight or twelve hours. If it lose its effects after a few days, sulphate of zinc (gr.ij to f℥j.) or chloridi of zinc (gr. to f℥j.) ought to be substituted.

Erratum.—The third article in recipe, No. 143, Bulletin, No. 17, is misprinted. It should read, syrupi aurantii corticis, *not* syrupi hypophosphites.

Valuable Lectures.

Acting on the recommendation of the New York Association for the Advance of Science, Dr. John H. Griscom will deliver publicly, either of the following lectures at request:

1st. The Relations of the Atmosphere to Life and Health, accompanied with mechanical and chemical demonstrations of the Uses and Abuses of Air.

2d. The Sanitary Influence of Sunlight, with numerous illustrations thereof.

3d. The Hygiene of Laboring Men, with explanations of their physiological organizations.

Should any Literary, Philanthropic, Religious, or other organizations, in any part of the Country, desire to comply with the suggestion presented by this Association in the preceding article, it will be complied with at any convenient time, and an arrangement may be made for said purpose, by addressing the Lecturer, at No. 42 East 29th Street, New York City.

Unmannerly.

We regret to see such an exhibition of petty spite and ill-manners as is made in the June number of the Nashville *Jour. of Med. and Sur.*, by T. S. Beel, M. D., Professor of the Science and Practice of Medicine in the University of Louisville, Ky., in an attack on Dr. E. S. Gaillard, Editor of the *Richmond and Louisville Medical Journal.*

If the University of Louisville respects its own reputation it will take some action to bring to a sense of propriety one of its faculty who so far forgets what is due to the institution, to the profession, and to himself.

An Improved Battery.

We have recorded so many improvements (as they are all called) in galvanic batteries, that the number and variety become bewildering. The last we meet with is that suggested by Bottger, who proposes to substitute metallic antimony for carbon. An amalgamated zinc plate is immersed in a strong solution common salt and sulphate of magnesia. The antimony, like the carbon, is placed in a porous pot, but the liquid used is dilute sulphuric acid. A combination of this arrangement is said to give a stronger and more lasting current than a cell of Daniel's battery.—*Mechanics' Magazine.*

—— Temperature of the Blood.—Dr. J. S. Lombard has applied his delicate thermo-electric apparatus to the study of the effects of respiration on the temperature of the blood, and has found that very cold and dry air taken into the lungs does not lower the temperature of the blood sufficient to affect his appararus, which will indicate any change of temperature exceeding 1-2,000 of a degree centigrade; and this may be accounted for by the fact that at low temperatures the air is more condensed and a larger proportion of oxygen is inhaled, and by its conversion a larger amount of heat is generated.

Correspondence.

DOMESTIC.

Complicated Case of Disease.

EDS. MEDICAL AND SURGICAL REPORTER:

I forward you the following account of an interesting and complicated case:

Miss J. H., æt. 18, came under my care during the month of February, 1869. She was suffering from an acute attack of bronchitis, supervening upon subacute bronchial inflammation, which had existed for a long time. She also had intermittent fever, tertian type, from attacks of which she had not been free many weeks at a time for two or three years. In addition she had chronic hepatitis, as evinced by marked enlargement of the liver, and tenderness when pressure was made over that region. She also had chronic splenitis, with induration and such great enlargement of the spleen, that the organ extended down to the border of the left crista ilii, and transversely four inches to the right of the median line of the abdomen, where it met with the liver, and with it formed a hard, continuous band nearly around the body. In addition to the above, she had ascites, with marked tendency to anasarca. The peritoneal cavity was distended with a large quantity of serum; the feet and lower limbs were œdematous, pitted on pressure; and there was an effusion into the sac of the left knee-joint, attended by pain and soreness, characteristic of chronic articular rheumatism. The patient was not only anœmic, but she had *chlorosis of the true type*, a much more formidable disease than anœmia, but which has not unfrequenily been confounded with it by physicians of eminence. The greenish discoloration of the skin ocular conjunctivæ, the general nervous discomfort, and the absence of the symptoms of ovulation in addition to the amenorrhœa, being diagnostic characteristics of chlorosis.

I first arrested the intermittent fever by large doses of the sulphate of quinia, each dose followed by the tincture of sulphuric acid. Then for a week I gave her the following, with five grains of quinine, thrice daily, additional:

℞.	Extracti veratri viridis, fluidi,	♏ xxxij.	
	" digitalis, "	♏ xxxij.	
	" cimicifugæ, "	ʒ iiss.	
	" senegæ, "	ʒ iiss.	
	" pruni virginianæ,	ʒ iij.	
	Tincturæ Aloes,	ʒ ij.	M.

S. Take a teaspoonful every two hours, lengthening the interval between doses as the paroxysms of coughing diminish. This prescription answered several indications. It was sedative, diuretic, deobstruent, tonic and purgative. At the end of a week the acuteness of the bronchial symptoms had disappeared, when I gave her the following pills:

℞.	Elaterii,		gr. j.
	Hydrargyri chloridi mitis,		gr. viij.
	Capsici pulvis,		gr. viij.
	M. et divide in pil. no. viij.		

S. One every four hours until large watery evacuations occur. By this means a large portion of the dropsical effusion was removed. Quinia was continued in three grain doses three times a day. The abdomen was tightly bandaged, and the following directed:

℞.	Chimaphilæ pulvis,		
	Uvæ ursi, "		
	Calami, "		
	Cimicifugæ, "	aa.	ʒss.
	Ferri sulphatis,		gr. xxjv.
	Resinæ podophylli,		gr. iij.
	M. Div. in chts no. xxiv.		

S. Take one mixed with half a glass of water three times a day. This acted energetically as a diuretic, and as a general astringent and tonic. At the same time the right side was bathed in a solution of nitro-hydrochloric, and rubber cups applied over the liver and spleen for an hour or two daily, at which time the bandages were replaced and tightened. At the end of about a week the elaterium pills were again administered as above, and the fluid remaining in the abdominal cavity evacuated. Then the preceding treatment was resumed. After another week the ticture of iodine painted over the spleen was substituted for the dry cups. Nitro-hydrochloric acid was given internally in connection with its external use. Pills of quinia, sulphate of iron, cimicifugin (aa gr. j) and resin of podophyllum (gr. 1-24th) were substituted for the powers. From this time on the patient was kept on tonics and laxatives, but the kind and form of administration were changed as often as every alternate week. The citrate of iron, quinia and strychina; Vallet's pills of iron; Quevenne's iron; valerianate, lactate and granulated sulphate of iron; iodide and bromide of iron; sulphate and carbonate of manganese; gentian, cimicifuga, aloes, podophyllum and the mineral acids were the principal remedies employed. Cimicifuga was given constantly until the menstrual function was regularly established and then omitted. Very rapid improvement occurred whilst using the salts of iron and manganese conjointly with quinine and an occasional laxative. The patient constantly improved from the beginning of treatment, and has now entirely recovered. A mixture of equal parts of the syrups of the bromide and iodide of iron acted very favorably.

The diseases, whether they may be called distinctively as such, or regarded as parts of a whole, vanished in the following order, viz: Intermittent fever, bronchitis, ascites, hepatitis, œdema, amenorrhœa, chlorosis, (other symptoms of) articular rheumatism and splenitis. The spleen diminished in size perceptibly from the first of the treatment, but evinced tenderness during three months. The tincture of iodine was applied daily for that length of time, ex-

cept at intervals of a few days, when it had caused so much external irritation that it could not be borne. Dr. Irvin, of Friendship, Tennessee, an excellent physician of large experience in the treatment of malarial diseases, saw the patient soon after she came under my care. His opinion coincided with my own, that if energetic treatment had been delayed much longer, the case would have terminated fatally. I regard the case as typically illustrative of the danger of delay, or insufficient treatment of malarial poisoning, more particularly at a time when the whole nervous and vascular system is undergoing a revolution, as it were, from causes incident to the development of the sexual organism.

J. B. Garrison, M. D.

Woodville, Tenn.

Extra Uterine Pregnancy.

Editors Med. and Surg. Reporter:

Under the above heading in your valuable journal of May 29, to which, in justice to myself, I desire to call the attention of your readers again, I reported a case of extra-uterine pregnancy occurring in my own practice, and commented upon the same; not with any disposition to "set myself up," or to challenge a reply, but to elicit a *report of similar cases*, if any have occurred in the practice of any one of the many readers of the Reporter.

Dr. P. J. Roebuck, (in the Reporter of June 12,) has *attempted* a reply, not by reporting a case his own, but by *referring* us to cases in which the fœtus (*as an abnormal body*) remained in its extra-uterine position for an indefinite period. This latter *information* we were already in possession of, so we are obliged to the Doctor. He says, "the Doctor (meaning myself) *assumes* that his is the first case *recorded* whose extra-uterine *fœtation* has gone beyond the full period, &c." I did not *assume* anything. We can furnish Dr. Roebuck with a number of cases where the fœtus *died* in its abnormal position and there remained for years afterward; but I still maintain that I have not been able to learn of *any case similar* to the one reported by myself, in which the product of conception *continued to develop* in its special sac, *living and healthy until within two days* of the mother's death, which occurred *seventeen days* after full term. This, then, is a remarkable and exceptional case, Dr. R.'s *assertions* to the contrary notwithstanding.

J. M. Palmer, M. D.

Dalton, Ohio, June 24, 1869.

How to Disguise the taste of Quinine.

Editors Med. and Surg. Reporter:

I think I have discovered a method by which quinine is deprived of its bitter disagreeable taste. The method to which I refer is to give the quinine in sweet milk. This, according to my taste, nearly entirely covers the bitter taste of quinine. This may not be new to others, but it is to me, and as I have not seen any account of it, nor heard any one speak of it, I have come to the conclusion that it is not generally known. I therefore ask you to make it known, if you think it is worthy of a place in your journal.

Respectfully yours,

John Wright, M. D.

Clinton, Ill.

News and Miscellany.

——New Mode of Producing Oxygen. Messrs. Montmagnon and Delaire produce oxygen from the atmosphere by means of charcoal and water, or by saline solutions. They state that 100 litres of fresh charcoal, when exposed to atmospheric air, will absorb 925 litres of oygen and only 705 litres nitrogen. If the charcoal so saturated with gas is then saturated with water there will be expelled 650 litres of nitrogen and only 350 litres of oxygen. Thus 575 litres of oygen and only 45 litres of nitrogen are left in the charcoal. These gases they remove by the means of an air pump, when the charcoal is again ready to absorb oxygen and nitrogen from the air. The oxygen thus obtained is pure enough for all ordinary purposes, but the cost of procuring it by this method has not yet been practically determined.

[*Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

Daly—Cooper.—At Pittsburgh, Penna., June 22, at Trinity Episcopal Church, by Rev. John Scarborough, Wm. Hudson Daly, M. D., of that city, and Miss Ann Athalia, daughter of James M. Cooper, Esq., of Allegheny city.

McDonald—Woods.—At the residence of Dr. William Woods, Sewickley, Pa., June 17th, by Rev. J. B. Bittinger, D. D., Capt. D. A. McDonald and Miss M. F. Woods.

DIED.

Anderson.—In this city, June 29th, Sarah, wife of James Anderson, M. D.

Chamberlain.—Died suddenly, by accident in Holmesburg, on the 2d inst., George Lewis, second son of Dr. G. J. Chamberlain of Bustleton, Philadelphia, aged 12 years.

Davis.—June 3d, in Washington, Pa., Mrs. Mary A. wife of Dr. Robert W. Davis, in the 33d year of her age.

Garretson.—In this city, June 17th, of consumption, Lydia, youngest daughter of Dr. Joseph Garretson.

Goldsmith.—In this city, June 28th, 1869, Thomas Oliver Goldsmith, Jr., son of Dr. Thomas Oliver and Eliza V. Goldsmith, in the 34th year of his age.

Mullin.—At Greensburg, Pa., Martha J. Mullin, wife of Dr. J. H. Mullin, of Osgood, Ripley county, Ind.

Oliver.—June 15th, at his residence, in Oxford, Ohio, Dr. David Oliver, in the 78th year of his age.

Murray.—June 19th, 1869, at her residence ih Sewickley, Pa., Mrs. Annie R. Murray, widow of the late Dr. J. C. Murray.

THE

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Original Department.

Communications.

DISEASE OF THE ILEO-CŒCAL REGION.

By Earl Cushman, M. D.,
Of Orwell, Vt.

Read before the Medical Society of Vermont, at its Semi-Annual Session, June, 1869.

By request I herewith present a more full and complete report of the cases of disease of the ileo-cœcal region, occurring under my observation, which were reported verbally at the semi-annual meeting of the Society, in June, 1864. The cases here reported have peculiarities worthy of note, as to their causes, indications, and mode of treatment. In April, 1858, I was called to see A. C., a young lady, aged 15 years, afflicted with intestinal fever. There was nausea, retching, and great abdominal tenderness, with general febrile excitement. These symptoms had followed exposure for a whole day, in a damp cellar, made more so by a large open cistern. The case had been treated by the nurses with irritating cathartics and enemas. The dejections from the bowels were vitiated, indicating inflammatory irritation of the large intestines.

The case was treated with soothing, and febrifuge means. After a few days, there was noticed a hardness, and tumefaction, in the right iliac region. This was followed by an entire obstruction of the intestinal passage. The usual symptoms of ilius: gurgling, retching, and the rejection of the contents of the stomach and small intestines followed. The urgency of the case made a consultation desirable, and Dr. C. L. Allen was called, who coincided with the previous diagnosis and treatment. This was soothing and expectant. The large intestines were treated with mild lavements, which were occasionally introduced through an elastic tube, and then withdrawn. The patient was supported by liquid food, which would be retained for some time, and then rejected; but remaining, until digestion and assimilation was sufficient to sustain the patient. After fourteen days of entire obstruction, there appeared small quantities of feculent matter in the dejections. A subsidence of the tumor, and convalescence slowly followed, leaving the patient in usual health.

A coincidence worthy of note was, that the mother, who was exposed at the same time in the cellar, and who performed the office of nurse, for some days after the attack of the girl, was herself affected with fever, great pain in the bowels, abdominal tenderness, and vomiting. Opiates and diluting drinks were largely used, and no attempt to move the bowels was made, until the urgent symptoms were subdued. The pain and vomiting were controlled by anodynes, after which the bowels were moved with castor oil, and the skin kept moist by diaphoretics. Convalescence took place after ten days. The circumstances point to the identity of causes in both cases, one resulting in severe enteritis, the other complicated with inflammation, and tumefaction in the cœcal region, with probable intussus-ception.

After the occurrence of these cases, there presented an opportunity of witnessing an autopsy of a patient of Dr. H. R. Jones, of Benson, which aided in explaining some of the peculiarities of the first case. A child, about two years old, was attacked with fever and intestinal inflammation. There followed entire obstruction of the bowels, terminating fatally after a few days.

On opening the abdomen, a tumor present-

ed itself in the right iliac region, which had been unnoticed before death, though plainly perceptible on exposing the body. This was made up, by the intussusception, near the introduction of the ilium, into the ascending colon. Fifteen inches of the ilium were contained in three inches of the same. This was readily withdrawn. There was coloid degeneration, involving the ilio-cœcal valve, and extending into the colon.

In March, 1863, C. W., a lad of 15 years of age, having recently passed through scarlatina and measles, and while convalescent from these, was long exposed to cold winds while playing in snow drifts, and became severely chilled. There followed intestinal fever, pain and tenderness along the track of the colon, mucous and shreddy discharges, with considerable tenderness.

Opiates, febrifuge medicines and enemas were administered as in the previous cases. After a few days, the prominent symptoms abated, though the abdomen contained tender and distended. A well developed tumor appeared in the right iliac region, which indicated a disposition to point externally. The enemas were continued, with fomentations and poultices to the tumor. The patient took freely of bland drinks and liquid nourishment. He became emaciated, with great prostration of strengh. Nutrition was imperfectly supplied. At this stage of the case, Dr. A. S. Woodward was called in consultation, who suggested some modification of treatment, recommending blisters and terebinthinates.

There was little amendment of the symptoms for about twenty days, the tumor meanwhile threatening to open externally. At this stage, a profuse sanious and purulent discharge took place from the bowels, which continued for some days, followed by a subsidence of the tumor and commencing convalesence. The recovering was perfect. A coincidence more remarkable than the first, followed this case. In consequence of the absence of the parents, an aunt of the lads took charge of the nursing for ten days. On her return home, a distance of four miles, she encountered snow-drifts, which delayed her passage, and she became much chilled and fatigued. There soon followed a train of symptoms similar to those of the patient whom she attended. There occurred fever, abdominal distension, extreme tenderness along the course of the large intestines, centering more intensely in the cœcal region.

The dejections were mucous, shreddy, and sometimes tubular. A large tumor was noticed, about the tenth day, in the right iliac region.

A plan of treatment similar to that of the former cases was instituted, consisting of opiates, diaphoretics, and liquid food, with fomentations, poultices, and mild injections. The tumor increased up to the twentieth day, when a copious purulent discharge took place by the rectum, consisting sometimes wholly of pus of a creamy consistence. This continued for several days. The patient was sustained by a more nourishing diet, and a rapid and perfect convalescence followed.

The history of these cases throws some light on a disease comparatively rare, often overlooked, and sometimes wrongly treated. The comparative silence of medical writers on this form of inflammation, has left the profession ignorant or inattentive to its nature. The cases reported in our medical periodicals have been mostly those produced by foreign substances, lodged in the appendix vermiformis.

Those here reported illustrate the intimate connection between morbid impressions upon the external surface, and internal disease. Cold, applied to the skin, had much to do in inciting these somewhat rare complications. Four of the cases were produced by similar causes, and resembled each other in their general symptoms, while in three the disease centred upon the cœcal region. The local symptoms, though inflammatory in each, varied in some degree, the first resulting in intussusception, while the last was followed by extensive suppuration, probably involving the cellular texture surrounding the psoas and iliac muscles. This may be inferred from the profusion of the discharge, which must have found its way into the intestines by ulceration. The coincidences of the last two cases seem somewhat unaccountable ; suggesting the possibility of having resulted from infection. Our object will have been gained in presenting these cases, if it shall lead to more thorough diagnosis, and more rational treatment of diseases of this region, and we would commend to every practitioner of medicine, the importance of carefully examining all cases of abdominal inflammation, as to their local tendencies, and would enjoin great caution against the too frequent abuse of cathartic medication.

Great anxiety was felt on the part of the friends of the first patient, on account of the

protracted obstruction of the bowels, and they persistently insisted upon the use of cathartics, a demand which, of course, was not complied with, an intelligent consultant coming to our aid.

HOSPITAL GLEANINGS.

By J. B. Burnet, M. D.,
Of Newark, N. J.

CASE OF SYPHILIS—HEMIPLEGIA—DEATH.

Bridget Whalen, æt. 45, was admitted to Bellevue Hospital on June 20th. She was then making a bad recovery from syphilitic iritis. She was covered with copper-colored spots, and syphilitic eruptions. Her history was quite uncertain, for she evidently did not know what her troubles were dependent upon, but was always consistent in asserting that her primary lesion preceded her secondary symptoms (eruptions, iritis, &c.,) only three weeks. She suffered more or less after admission with super-orbital pain, and at night with pain in both tibiæ. Put her upon iodide of potassium in doses sufficient to keep the pains in abeyance. She passed through the summer in this way quite comfortably.

Dec. 1st. She began to complain of intense pain over the whole of the left side of the head, deep-seated, though the surface was also sensitive to the touch. She described it as an agonizing pain, which was not relieved by potassii iodid. in one drachm doses, or by morphine in large quantities. Until January 15th this pain was constant, exhausting the poor patient terribly, and was not all alleviated by remedies. At this time there was an entire change in her condition. On rising to go the water closet, she suddenly lost all control over her right side, and fell to the floor. She was entirely hemiplegic, but without facial paralysis. Her sensation and perception appeared to be perfect. She died Jan. 25th, in a comatose condition, in which she had been for some hours. She never had an intermission of her violent hemicrania. The diagnosis of all who saw her was syphilitic periostitis, with thickening of the skull. On making the autopsy, it was found that nothing existed to account for all this pain. No swelling—no evidences of inflammation in periosteum or tissues overlying it. Skull of ordinary thickness and appearance. There were no tumors, or exostoses within the skull. The brain was of good texture and normal in all of its gross appearances.

The arteries leading to the left side of the brain were found filled with masses of fibrine; whenever they bifurcated there was a mass of organized fibrine, and from these points there were clots of fibrine extending into the arteries, even into the smallest branches, entirely filling their calibre. Diligent search was made for these upon the right side, but none were found. The arteries were pervious and empty. The left internal carotid was dissected out, and found entirely filled with a firm dark clot. There was no atheroma of the arteries. Heart normal in size and texture. Valves perfectly healthy.

CASE OF URÆMIC POISONING FROM AN IMPACTED CALCULUS.

William Dowding, æt. 62, admitted Aug. 10th, to Bellevue Hospital. On admission, did not present any grave symptoms. He had pain in the left inguinal region, and general pains in his back and legs, with some febrile disturbance. Ordered cathartic, and sinapism to the affected side. Continued about the same until the 12th; was then drowsy all day, but able to be out of bed; at six P. M. suddenly became very stupid; at seven P. M. was comatose, and could not be roused; pulse 134; respiration 22; pupils contracted to a point. He was lying perfectly still, making neither motion nor sound; at 10 P. M., pulse 134, respiration 15; breathing noisily; frothing at the lips. Died at 11.50, P. M.

Autopsy 15 *hours after death:* sub-arachnoid effusion moderate; arachnoid well raised; deposits of lymph along the course of all the vessels; no fluid in the ventuiles. Searching for the cause of pain, the left ureter and pelvis of left kidney were found distended with a thick urine. Thickening and induration around the entrance of the same ureter into the bladder. In this thickened portion, a *small calculus* was found impacted, entirely arresting the flow of urine. Right kidney was highly congested; bladder contained a small amount of muddy urine.

MEDICAL STATISTICS OF FAUQUIER COUNTY, VIRGINIA.

By Frederick Horner, Jr., M. D.,
Of Fauquier County, Virginia.

This county lies east of the Blue Ridge Mountains, and sixty miles west of the Federal Metropolis. It abounds in sulphur and chalybeate springs and in valuable metals, lime, copper, and barytes and plants, nicotiana

tabacum, lobelia and eupatorium. The weather for several years past, has been unfavorable to health, and marked by frequent storms of the violence of a tornado. The maximum heat occurs in July, and that of cold in February. At such periods, disease proves most fatal. In the Piedmont district, typhoid fever has almost disappeared. The neuroses prevail with excess of cerebral disturbance, the result of temporary irritation and congestion of the meninges of the brain. "Army Itch" has been common among the lower orders of society. The prominent feature of this eruption of small papulæ, is excessive itching, often declining in the day and returning in the evening, and coming on with peculiar violence when the patient undresses and gets into bed. It is relieved by unguentum protiod. potass., tinct. iodinii and oleine, general treatment, and attention to diet.

In the midst of the faculty here are two classes of empirics, one who recommend the nostrums of the grocery stores, the other female negro accoucheurs, who are common throughout the Southern country. They are totally ignorant of the principles of obstetrics, and in some instances are the occasion of the loss of life. For example, the writer was appealed to by one unable to deliver a lady, because the negress urged that the cord was wrapped around the neck of the child. Copious venesection relieved the patient. At another time the ignorance of this class permitted the placenta to remain for hours in the womb, until flooding ensued. This patient was also rescued from death. Dr. HODGE, in his "System of Obstetrics," inclines to the practice where there is a tendency to hemorrhage "that two ligatures should be applied and the funis divided between them."

Among the most interesting cases of surgery that have occurred are those of tuberculosis of the spine in the children of parents of a strumous diathesis. The pathology of the disease, I have remarked, in the rural districts of the country, if understood, has not been followed by any great good to the little sufferers. They are neglected at home, and are left to struggle on without treatment. Whereas if subjected to a wise hygiene, aided by a suitable mechanical appliance, the symptoms would be ameliorated and less deformity would occur. Professor GROSS in his "System of Surgery," speaks most encouragingly on this subject, and says: "In the better class of subjects restoration is the rule, death the exception; and it were well to know that if the case be properly managed, excellent cures with little or no deformity may be made, even when the disease has already produced considerable structural change."

The imperfect outline above, briefly presented, of the medical statistics of Fauquier, would be defective without the notice of a most fatal disease which has prevailed for the past year, especially among the cattle, and designated cholera. It has proved most destructive to milch cows. The loss to the farmer from this cause has been very considerable.

Medical Societies.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF INSTITUTIONS FOR THE INSANE.

The Twenty-third annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, was held in Staunton, Virginia, on June 15, 1869.

The Association was called to order at 10 A. M., by the President, Dr. KIRKBRIDE.

The following members were present:

Dr. D. R. Brower, Eastern Lunatic Asylum, Williamsburg, Virginia.

Dr. D. Tilden Brown, Bloomingdale Asylum, New York city.

Dr. John S. Butler, Retreat for the Insane, Hartford, Conn.

Dr. A. B. Cabaniss, State Lunatic Asylum, Jackson, Miss.

Dr. Edward R. Chapin, King's Co. Lunatic Asylum, Flatbush, N. Y.

Dr. John Curwen, Penn. State Lunatic Hospital, Harrisburg, Pa.

Dr. F. T. Fuller, Asst. Physician Insane Asylum, Raleigh, N. C.

Dr. B. Graham, State Lunatic Asylum, Austin, Texas.

Dr. John P. Gray, State Lunatic Asylum, Utica, N. Y.

Dr. R. Hills, Hospital for the Insane, Weston, West Virginia.

Dr. C. H. Hughes, State Lunatic Asylum, Fulton, Missouri.

Dr. Wm. P. Jones, Hospital for the Insane, Nashville, Tenn.

Dr. Thomas S. Kirkbride, Penn. Hospital for the Insane, Philadelphia, Pa.

Dr. Isaac Ray, Philadelphia, Pa.

Dr. James Rodman, Western Lunatic Asylum, Hopkinsville, Ky.

Dr. Francis T. Stribling, Western Lunatic Asylum, Staunton, Va.

Dr. A. M. Shew, General Hospital for the Insane, Middletown, Conn.

Dr. John E. Tyler, McLean Asylum, Somerville, Mass.

Dr. C. A. Walker, Boston Lunatic Hospital, Boston, Mass.

Dr. Joseph Workman, Provincial Lunatic Asylum, Toronto, Ontario.

The minutes of the last meeting were read and approved.

On motion of Dr. Stribling, the President was requested to appoint the usual standing committees, which were subsequently announced as follows:

Committee on Business: Drs. Stribling, Curran, and Hughes.

Committee on time and place of next annual meeting: Drs. Butler, Cabaniss, and Workman.

Committee on Resolutions, &c.: Drs. Rodman, Chapin, and Graham.

Committee to audit the Secretary's accounts: Drs. Jones and Shew.

Letters were read, and verbal statements made relative to the cause of absence of several members.

After a recess, to enable them to make up their report, the Committee on Business reported the order of business for that day and the succeding days. A number of invitations were also received and referred to the Committee on Business.

Dr. Walker, after a few preliminary remarks in reference to the cause of the death of Dr. Fonerden, offered the following resolutions:

Resolved, That in the death of Dr. John Fonerden, Superintendent of the Maryland Hospital, Baltimore, this Association has lost one of its early and valued members; the cause, a tried and faithful supporter; the community, a Christian gentleman; and ourselves, a genial and true-hearted friend.

Resolved, That we sympathize with the Managers of the Maryland Hospital for the Insane, in the loss of their devoted, long-serving, and judicious Superintendent.

Resolved, That our hearts ache for his stricken family in their sudden and great bereavement.

These resolutions were unanimously adopted after remarks by several members.

Dr. Gray offered the following resolutions in relation to the death of Dr. S. E. Shantz:

Whereas, Since the last meeting of this Association, Dr. Samuel E. Shantz, Superintendent of the Minnesota Hospital for the Insane, one of its members, has been called away by death, therefore

Resolved, That while lamenting his early death, and while recognizing in the sad event, the hand of God, whose ways are not as man's ways, and who alone doeth all things well, we desire to express and record our sense of the loss to the Medical profession and to this Association, of a young man of promise, at the very outset of a course of honor and usefulness,

Resolved, That we hereby tender to his early bereaved wife, and to his family, our profound sympathy in their deep affliction; and that the Secretary of the Association be directed to transmit to Mrs. Shantz, and to the family of our late associate, a copy of these resolutions.

These resolutions, after very feeling remarks by several members, were unanimously adopted.

Dr. Stribling offered the following resolution, which was adopted:

Resolved, That the members of the Medical Profession resident in, or visiting Staunton, be cordially invited to attend the meetings of the Association.

Dr. Curwen read a sketch of the history of some of the early attempts made to treat insane patients in private institutions, with a sketch of such institutions as now exist.

Dr. Kirkbride made some statements on the law passed by the Legislature of the State of Pennsylvania, at its last session, on the recommendation of the Medical Society of Pennsylvania, based on the project of a law passed at the last meeting of this association.

Dr. Ray read a paper on the law of Insanity.

The Association spent the afternoon visiting and examining the wards and other arrangements of the Western Lunatic Asylum.

WEDNESDAY, JUNE 16th.

The association was called to order at 10 A. M. by the President.

The following members appeared and took their seats.

Dr. Edward Jarvis, Dorchester, Mass.

Dr. Henry Lander, Malden Asylum, Amherstburg, Ontario.

Dr. Alex. S. M'Dill, State Hospital for Insane, Madison, Wisconsin.

Dr. Edward Mead, Cincinnati, Ohio.

Dr. Charles H. Nichols, Government Hospital for the Insane, Washington, D. C.

The Minutes of the last meeting were read and approved.

Dr. Workman offered the following resolution on the death of Dr. J. P. Letchfield:

Resolved, That this association having learned of the death of Dr. J. P. Letchfield, Superintendent of the Rockwood Asylum, Canada West, desires to record its appreciation of the valuable administrative qualities evinced by him in the discharge of his official duties, and to express to his widow its sincere condolence in the bereavement to which she has been subject by this dispensation of Providence.

The resolution was adopted:

On motion of Dr. Walker, it was

Resolved, That the President be requested to appoint members to prepare biographical sketches and memoirs of the deceased members.

The President appointed to prepare the memoir of Dr. Fonerden, Dr. Stribling; for that of Dr. Shantz, Dr. Workman, and that of Dr. Letchfield, Dr. Landor.

The committee to audit the Secretary's accounts, presented their report, showing a balance in his hands of $70.67.

Dr. Curwen presented an invitation from the Commissioners for the erection of the Hospital for the Insane of the Northern District of Pennsylvania, at Danville, Penn'a., to attend the ceremony of lay-

ing the corner-stone of that Institution, on Thursday, August 26th, 1869, which was accepted.

The President introduced to the Association Dr. Robert Reyburn, delegate of the American Medical Association, and Surgeon John Moore, U. S. A., President of the Board of Trustees of the Eastern Lunatic Asylum of Virginia.

Dr. Jones offered a resolution, which, after the acceptance of an amendment by Dr. Walker, read as follows:

Resolved, That the proceedings of the Association shall henceforth be prepared by the Secretary of the Association, and published, as prepared, in the Journal of Insanity.

Which was adopted.

Dr. Workman read a paper on the Inter-relation of Emotional Religious Insanity, and the disturbances of the re-productive system.

The Committee to which was referred various resolutions relative to religious services in hospitals for the insane, presented the following resolution, which was adopted.

Resolved, That this Association hereby expresses its earnest conviction that religious services of some kind, in our institutions for the insane, are generally highly salutary to their inmates, and should be regularly held, and that the Associaiion re-affirms the ninth proposition of the series adopted in relation to the organization and management of hospitals for the insane in 1856.

Dr. Nichols, from the Committee on the Memorial to Congress, made a verbal report, giving the result of the action of Congress, and, on motion, the Committee was continued.

The Association spent the afternoon at the Institution for the Deaf and Dumb and Blind, and witnessed the interesting exhibition by the pupils.

The Association was called to order at 8 P. M. by the President.

The Chairman of the Committee on the time and place of next annual meeting, reported that the Committee were unable to come to a decision between Hartford and Toronto, and they would refer the matter to the Association for decision.

A vote being taken, Hartford, Conn., was selected as the place of next meeting, and the time the third Wednesday of June, 1870.

Dr. Nichols presented to the Association the project of a system of statistics adopted at the International Congress of Alienists, held in Paris in 1867, and on his motion the papers were referred to a committee to report at a subsequent session. The committee appointed by the Chair was Dr. Jarvis, Nichols and Stribling.

The Association spent Thursday in visiting and examining Weyer's Cave.

The Association was called to order at 9½ P. M., on Thursday by the President.

Dr. Jarvis from the committee on the project of the International Congress of Alienists made a verbal report, recommending the publication of the translation of the project in the *Journal of Insanity* and asking that the committee be relieved, which was agreed to.

Dr. Jarvis also called attention to certain facts relative to taking the next census, particularly in regard to the insane.

On motion adjourned to meet at 10 A. M., on Friday.

FRIDAY, June 18th.

The Association met at 10 A. M., and was called to order by the President.

Dr. Ray read a paper on certain abnormal conditions of the mind, occurring after injuries or during fever.

Dr. Walker called attention to the action had last year relative to the request of the American Medical Association to unite with that body, and called for the report of that Committee, which reported progress and asked to be continued.

On motion of Dr. Walker, it was resolved that the Committee be continued, and that the subject of the chronic insane, referred to by the delegate of the American Medical Association, be referred to the same Committee.

Adjourned to meet at 8 P. M.

The Association spent the afternoon at the Western Lunatic Asylum, and met at 8 P. M., and was called to order by the President.

The Committee on Resolutions made the following report, which was adopted by acclamation:

The Association of Medical Superintendents of American Institutions for the Insane,, now about to close its Twenty-Third Annual Session, at Staunton, Va., and gratefully appreciating the courtesy and hospitality that have attended their sojourn here,

Resolve, That our thanks are due:

To the Managers of the Western Lunatic Asylum for the opportunity of examining, at our leisure, the arrangements and management of this old Institution. We are grateful to find so many appliances for the comfort and enjoyment of the insane, and such abundant evidence that humanity and liberality characterize the administration, as shown not only in the beautiful grounds and ample airing courts, but in many unobtrusive, internal comforts which transform the Asylum into a Home. We recognize in it all the hand of the experienced, intelligent, conscientious and devoted Medical Superintendent, Dr. Francis T. Stribling. A service of more than one entire generation has not dimmed his vision, nor abated his ardor. We congratulate the Managers of the Asylum, and the people of this old Commonwealth, upon their singular good fortune in having, for so long a period, enjoyed the benefits of his labors. May he be longer spared to devote his matured experience and ripened judgment, with Christian fidelity, to the best interests of the insane, and to the honor of the Old Dominion.

To the Managers and Teachers of the Asylum for the Deaf, Dumb and Blind for the welcome privilege of witnessing the exercises of the pupils in the various departments—an exhibition of rare interest and excellence, and also for their abundant and elegant hospitality.

To Mr. Abram Mohler, Proprietor of Weyer's Cave, for the opportunity of seeing that great natural curiosity under the most favorable circumstances. We are indebted to him for a day of relaxation and enjoyment, the like of which most of us have never before experienced, and which we shall long remember with peculiar pleasure.

To Messrs. Peytons & Co., Proprietors of the White Sulphur Springs, for an invitation to visit that attractive watering-place, and pass a few days there, as their guests —an invitation which we find it hard to decline, but which we regret we cannot accept consistently with the full execution of the purpose which has called us together here.

To the Presidents of the various Railroads of Virginia, for their generous offer to pass the members of this Body over their several roads at one-half of the usual rates.

To such of the good citizens of Staunton as, recognizing the fact that our specialty knows no distinction of time nor place, of country nor condition, but is in accord with the highest humanity of our nature, have extended to us the warm hand of welcome, and have made our visit here an enjoyable fact and a pleasant memory.

To Mr. Frederick Scheffer, Proprietor of the Virginia Hotel, for the use of a Parlor for our meetings, free of charge, and for his good-natured and constant efforts to secure our comfort while guests at his Hotel.

To the Managers of the Western Lunatic Asylum for their courteous and generous attentions and hospitality, and to our old friend and associate, Dr. Stribling, for his untiring and most successful endeavors to make our first visit to Staunton profitable and pleasant in the highest degree. We bid him good-bye with regret, and in the hope that for years to come, we shall enjoy his welcome presence at our annual Assemblies.

For the Committe, C. A. WALKER,
Chairman.

Adjourned to meet in Hartford, Conn., on the third Wednesday in June, 1870.

JOHN CURWEN,
Secretary.

SULLIVAN CO. MEDICAL SOCIETY.

The annual meeting of the Sullivan County, N. Y., Medical Society, was held at the house of R. B Towner, in Monticello, the 9th day of June, 1869, Dr. B. G. McCabe, President, in the chair, and David Matthews, Secretary.

The President, Dr. B. G. McCabe, then delivered the Annual Address, after which a resolution of thanks was offered, and a copy requested for publication.

On motion the Society adjourned to meet on the last Wednesday in September, at Liberty.

Editorial Department.

Periscope.

De-Nicotinized Tobacco.

In the *Chicago Medical Journal* of February, is the following article by T. Williams, M. D., of Milwaukee:

It is not generally known that tannic acid de-nicotinizes tobacco. If the bowl of a pipe is filled about one-fourth full of tannin, filled up with tobacco and smoked, the aroma of the tobacco is almost entirely destroyed, and the smoker scarcely feels the effect of the tobacco on his nervous system. In this experiment the tannin powder does not take up all the vaporized nicotine (which is the intoxicating principle of tobacco and tobacco smoke), as it passes through it. The smoke will at first be entirely free from all taste or smell of tobacco, but in a few moments it will have formed a passage through the tannin, through which it will pass so rapidly that all of its nicotine will not be absorbed.

The experiment is more striking if a bit of sponge is saturated with a saturated solution of tannin, and placed in the bottom of the pipe. The smoke of the first two pipefuls of tobacco will pass out as vaporless and innocent as the smoke of a child's rattan or grape vine cigar, and as devoid of tobacco smell. But if several more pipefuls are smoked, the tannin having taken up all the nicotine it is capable of neutralizing, the smoke will begin to pass out with its natural taste and aroma. A sponge, after being used in this way, acquires a peculiar stale tobacco smoke odor. A common pipe may be used in this experiment, but with it the smoker is very liable to draw some of the tannin solution into his mouth, producing an unpleasant "green persimmon" puckering. The Turkish pipe, which is provided with a reservoir containing water, answers the purpose admirably. The place for water may be filled with a saturated solution of tannin; or what is better,—as it prevents the unpleasant bubbling noise,—a sponge saturated with the solution.

By changing the sponge often enough, a person may smoke as immoderately as he pleases without any injurious effects, and it is particularly recommended to ambitious young gentlemen whom the weed in its natural condition "makes sick." I should also suppose that smoking tobacco steeped in a saturated solution of tannin, and dried, would be equally harmless, but have not tried this latter experiment. I am not sanguine, however, that mankind will avail themselves of the advantages of this discovery. It will be like the Frenchman's antidote to the intoxicating effects of alcoholic potations,—it destroys the very effect for which the poison is used!

The North American Indians were wise, however, and availed themselves of this discovery hundreds of years ago. It is well known what inveterate smokers the Indians are, and still we never see any injurious effects of this habit upon them. This may be due in part to their vigorous constitutions and hardy nomadic life, but it is mainly due, I think, to the form in which they use their tobacco.

Until they learn the habit from the whites, they rarely or never use the pure leaf. Their "Killikinnick"—the agreeable aroma of which once inhaled in a wigwam or lumberman's cabin, can never be forgotten,—is composed of equal parts of tobacco and the inside bark of a species of the *cornus coricea*. Sometimes the admixture of tobacco in it is not more than a fourth. This bark is astringent, and abounds in *tannin*, and therefore in a great measure neutralizes the effects of the tobacco. The fancy brands of smoking tobacco labeled "Killikinnick," sold by tobacconists in papers, it is needless to say, are pure tobacco, and have no real claim to the name. The Indian name for the particular species of swamp dogwood which they use for smoking is "Kinnikinnick," hence the name. As we learned the art of smoking from the American savages, it would be only showing proper respect to our tastes to take the weed as they do. They peel the inside bark of the shrub, dry it, pound it to a powder in their stone mortars, and then mix intimately with the crumbled tobacco.

Action of Opium upon the Uterus.

Dr. P. C. Barker, M. D., of Morristown, N. J.' has the following article in a recent issue of the *New York Medical Journal:*

"Parturition consists in the expulsion of the fœtus and its appendages from the cavity of the uterus, and ends in the separation of the child and the mother" (Churchill). It is accomplished by means of non-striated contractile fibres, which are practically muscular, and constitute what is generally termed "the muscular coat of the uterus." These fibres are arranged in longitudinal oblique and (circular) transverse directions. The first two predominate in the body, and the latter in the cervix, and particularly in the "os uteri externum."

Before the expulsive contractions commence which terminate the process, these circular fibres should relax, and the "os" become widely dilated; but irregular contractions of the different sets of fibres, or contractions of the circular alone (constituting false pains), or rigidity of the "os uteri," due to tonic contraction of its circular fibres, often prevent this physiological dilatation, and prove the source of great distress to the patient and annoyance to the obstetrician.

It was in cases of this character that I discovered in opium a valuable parturient agent. I will narrate a few cases, which will illustrate how it became manifest to me:

Case I.—Mrs. H., about twenty-five, a strong and healthy woman, primipara, was taken in labor two P. M., July 15, 1862. Saw her soon after. Pains frequent, and of moderate severity; os dilated sufficiently to admit the point of the index-finger. Head presenting in first position. Left her for half an hour, and upon returning found her condition unchanged. Visited her at intervals until late in the evening, when, no progress having been made ordered antimon. et potass.-tart., gr. $\frac{1}{8}$, every half hour. Went home, leaving directions that I should be sent for if any change occurred. Messenger came for me about two A. M., 16th. No further dilatation. She complained very much of the severity of the pains. Tartar emetic, gr. $\frac{1}{2}$, every half hour. No improvement resulting, and nausea being constant, it was discontinued in the morning, and a stream of warm water was thrown upon the os, by means of a Davidson's syringe, for half an hour. This was repeated three times during the morning.

Two P. M.—Still no dilatation. Patient a little feverish, and complaining of being very tired and sleepy. Ordered morph.-sulph., $\frac{1}{4}$th, and left her to get a little sleep, while I went to attend to other engagements. Returning about an hour after, I found mother and child comfortably asleep side by side. About half an hour after taking the morphine she had a hard expulsive pain, and before any one could leave the house the child was born. The pains had not changed in character until just before the termination of the labor, nor had she been asleep.

Case II.—Mrs. O., thirty-five, multipara. Previous confinements easy. Taken in labor with her fourth child, November, 1863. Pains of same character as in Case I. for sixteen hours, producing little dilatation. At one A. M. gave morph. sulph., gr. $\frac{1}{6}$, hoping to quiet the pains. Left for home, a short distance away, and retired at once. Just as I was getting asleep, a messenger came for me in hot haste, stating that the child was born. Hastily dressing, I returned in time to remove the placenta. Less than three-fourths of an hour had elapsed since I quitted the house. She had but one pain, of different character from those which had tormented her so long unavailingly, previous to taking the morphine.

Case III.—Mrs. W., about twenty-four, primipara, sent for me early in the evening. Being absent from home, my former partner, Dr. F. D. Leute, of Cold Spring, N. Y., answered the summons. Upon my return, I went to relieve the doctor. There was no dilatation, although the pains had been recurring for some time. We gave her morph. sulph., gr. $\frac{1}{4}$, and went home, giving directions to send for me should any change occur.

On the following day, I learned that about half an hour after our departure she was seized with severe expulsive pains, which terminated the labor before a messenger could be dispatched after me.

It is obvious that morphine was given in these cases, as it is usually given by the profession, if at all, with the intention of obtaining a respite from the pains, in the hope that when they returned they would be more efficient. I was surprised in each case at the result, although in the first I attributed it to the repeated use of the warm douche, from its

recognized power in certain cases of this character. In the succeeding cases I was obliged to look for a different explanation, and at length concluded that the morphine increased the expulsive power of the body of the uterus to a degree sufficient to overcome the circular fibres and connecting tissue of the "os uteri." Further light was thrown upon the subject by the following case:

Case IV.—Mrs. G., twenty-eight, multipara. In labor a number of hours. Os uteri remaining about half dilated, and rigid. Gave morph. sulph. gr. $\frac{1}{4}$. About half an hour after, while making an examination during a pain, my first and second fingers being applied to opposite sides of the os, in order that I might observe the effect of the pain upon its hitherto unyielding tissues, I was surprised to feel it easily dilating.*

In this case I suspected that while opium stimulated the fibres of the body of the uterus (longitudinal and oblique), it also relaxed the circular fibres of the os. Further observation, in a large number of cases of varied character, has convinced me that opium, instead of having a general anodyne effect upon the uterus, possesses this special power as a parturient agent. I say general anodyne effect, for while it sometimes quiets uterine contractions (witness its universal use for this purpose), yet it is in those cases in which the circular fibres are called into action alone, or where the longitudinal and oblique fibres contract irregularly—in short, in *false pains*. I am fully persuaded that *opium never did or can arrest a physiological* labor.

I have many times been called to cases in which the pains have returned regularly and with increasing intensity for a number of hours without producing dilatation to any extent, and after giving a full opiate have had the satisfaction of finding a marked improvement after sufficient time had elapsed for its absorption, the patient having even harder contractions with less distress than before, and the os uteri being speedily dilated.

During the first stage of a physiological labor, I believe that the circular fibres of the os are passively relaxed; and that the active, usually gentle, contraction of the fibres of the body of the uterus serves to overcome the resistance which the tissues of the cervix and os present to dilatation.

Now, if the circular fibres of the os retain their tonicity, or if they contract with those of the body during a pain (and I have felt them contracting in a number of cases), no dilatation can be effected; or, at any rate, it will be with great difficulty, and the resulting distress will be greater than when they offer only the minimum amount of resistance.

The cases above narrated and referred to have taught me that opium possesses the power of relaxing the circular fibres, at least of the os, and of stimulating the longitudinal and oblique fibres into active contraction. It is upon these principles that opium is exhibited in dysmenorrhœa, when it is dependent upon spasmodic contractions of the circular fibres; or where it is owing to the presence of "menstrual decidua," clots, etc.

In abortions it is an invaluable remedy, facilitating dilatation, diminishing hæmorrhage, promoting the expulsion of the placenta, and lessening suffering.

Ergot, on the other hand, by causing contraction of the circular fibres, retains the placenta, and therefore should rarely be given (in abortion) until after the fœtus and secundines have been expelled.

Placenta prævia.—I have used opium in three cases of placenta prævia, one at the sixth month and two at term, saving the mother in each instance. In another case I attempted to turn, but, having made an erroneous diagnosis as to position, the placenta being planted directly over the os uteri, I introduced the wrong hand, and, failing to get hold of the feet properly so as to bring them down, I detached the (entire) placenta rather than lose time by changing hands. I mistook a R. Occip. Post. for a L. O. Anter. position. The hæmorrhage ceased at once, and the mother subsequently did well.

I think that opium meets two important indications in *placentaprævia:* 1. It facilitates dilatation, thus shortening the period of greatest danger. 2. It promotes the expulsive power of the uterus. It also serves to lessen hæmorrhage by a special hæmostatic action.

It is an interesting fact that, in one of these cases, when the respiration was reduced to four in the minute by cumulative action of the opium, which had been too frequently repeated by mistake, the uterus expelled the child with one pain, thus illustrating my statement that opium does not possess the power of arresting normal uterine contractions.

Hour-glass contractions, etc.—While hour-glass, cylindrical, or other irregular tonic contractions of the uterus (particularly those which occur after the expulsion of the fœtus) may be (and doubtless are sometimes) spontaneous, still in my experience they have always seemed to be due to ergot. Since I have learned the special power of opium, as set forth in this paper, I have used it in these cases with invariable success, although some of the most approved obstetric authorities say such use "is objectionable."

* I will add, for the benefit of those interested in the discussion which some time since appeared in the columns of one of our medical journals, concerning the propriety of making forcible attempts to dilate the os with the fingers, that I have for several years practised it, and think that I have shortened the first stage of labor many times thereby. In cases where the anterior lip has not been fully dilated after expulsive pains began, I have also shortened the second stage by persistently pressing upon it until it receded beyond the presenting portion of the head, even after it had become œdematous. The *rationale* is quite simple: the tissues being subjected to increased pressure, relax sooner than they otherwise would.

I will give the following cases in point:

Case V.—December, 1864. Mrs. McD., aged about thirty-eight. Primipara. Labor progressed steadily until the head had fully distended the perinæum. Retrocession followed every pain, and, as they were neither strong nor long, no progress was made. The vulva, too, was well dilated, and I gave f ʒ iss. Squibb's fl. ext. ergot to complete the delivery. Fifteen minutes afterward the peculiar contractions produced by ergot commenced, and the child was soon born. Placing my hand upon the fundus of the uterus (it having been pressed upon by the hand of an assistant while the child was being delivered, and the funis tied and severed), I discovered it to be much elongated, reaching above the umbilicus; and, making a vaginal examination, found the placenta to be beyond the reach of my fingers, and, introducing the hand, discovered it so tightly grasped by an hour-glass contraction that I could not remove it. Gave morph.-sulph. gr. $\frac{1}{8}$, noting the time. A little less than half an hour afterward I was awakened (having fallen asleep from great fatigue) by a contraction of the uterus under my hand. The placenta was expelled with considerable impulse, and the uterus contracted down almost entirely below the os pubis (which, by the way, judging by my experience, it seldom does, teachers and text-books to the contrary notwithstanding.)

Case VI.—Mrs. S., multipara. A delayed labor dependent upon inefficient pains. Gave f ʒ iss. ergot. The child being born, I delivered the placenta at once (as I now invariably do after giving ergot). A cylindrical contraction immediately followed, the fundus rising considerably above the umbilicus, in fact almost as high as the ensiform cartilage. The cylinder was about three inches in diameter, firmly and uniformly contracted. An opiate was given, and in due time a permanent globular contraction followed.

Dr. J. D. Trask, in his essay upon "Rupture of the Uterus," published in the *American Journal of Medical Sciences*, January and April, 1848, gives four cases of rupture of the uterus due to ergot. Malgaigne and others have reported similar cases. The following case is given to show how this accident *might* be produced in a diseased or even very powerful uterus, as well as to illustrate the apparently antagonistic effects of ergot and opium upon the gravid uterus.

Case VII.—Mrs. M., multipara, about thirty-five. Previous confinements easy. Present labor not worthy of note until the os was nearly obliterated, a ring only being left, when dilatation was for some unknown reason arrested, and no progress made for an hour. The uterine contractions then becoming inefficient, gave ʒ iss ergot. As soon as the pains peculiar to ergot began, I made an examination, and found the os less dilated than before, and its fibres contracting with those of the body. Gave gr. $\frac{1}{8}$ morph.-sulph. Within half an hour the pains had become more like those of a "physiological labor," the os uteri relaxed and became dilated, and the expulsion of the child speedily followed.

I gave opium in this case, with the expectation that it would produce a relaxation of the circular fibres of the os. It seems to have exerted this power in opposition to ergot as effectually as in the "hour-glass" and other irregular contractions above mentioned.

It may readily be seen that the simultaneous action of the ergot upon the os and body *might* have caused a rupture of the uterus. The contractions produced by ergot are continuous. I have often observed, however, that they have not been general, but have occurred in different sets of fibres successively. Herein lies one great danger of its use. In these, as well as all other irregular contractions of the uterus, I find opium a *prompt and reliable remedy*. In fact, I now use it in those cases of delayed labor dependent on inefficient uterine contractions, instead of ergot.

This property being established, the administration of opium admits of wide application in uterine therapeutics. In dysmenorrhœa, abortion, irregular contractions of the uterus of all kinds, previous, during, and subsequent to labor, and in placenta prævia as an adjuvant to Barnes's dilator, it will be found to be a valuable remedy; more certain in desired action (when given under proper indications) than any other remedy in our profession. Such at least it has been in my hands in quite an extensive obstetric experience.

In dysmenorrhœa, opium is given to quiet the contractions of the circular fibres (when this variety is present). In abortion, it is administered in the hope that the pains are caused by irregular contractions; and, if there is no dilatation (producing a partial separation of the membranes), it will often prove unsuccessful. If, on the contrary, the process has progressed so far as to render abortion inevitable, opium promotes it by relaxing the circular fibres of the os. It may appear at first strange to hear such apparently opposite properties ascribed to a remedy; but there is no inconsistency in the statement. The irregular (colliky) contractions do *not* constitute abortion, but they may produce it; and there is much less risk in a temporarily relaxed os uteri without pain, than in a normal condition of the os with contractions of any kind in the body. In the "irregular contractions" at term (as in Cases V., VI., and VII.), it acts promptly.

I will state that cases might have been multiplied to a large number illustrating this subject; but the practical value of my paper would not have been enhanced at all, as the cases selected are as well or better-marked instances, each of its kind, than any others recorded by me since I commenced my ob-

servations seven years ago. (I had previously observed its powerlessness in quieting physiological uterine contractions, in the lying-in wards of Bellevue Hospital, while an interne.)

With respect to the mode of administration, I am not aware that it makes any difference what preparation of opium is used. I have generally employed solid opium pills, grs. 1 to 3, or morph.-sulph, gr. one-sixth to one-half (the latter given dry on the tongue if nausea is present) at term. In abortion, if seen early, I give enemas of corresponding strength, usually employing from ʒ ss to ʒ i doses of opii tinct. in a tablespoonful of warm water, to be repeated after three hours if the pains continue, or later, if they return after being quieted. If abortion can not be prevented, the hypodermic syringe and Barnes's dilator or tampon are preferable. I have not used the hypodermic method at term, having been satisfied with the more gradual effects of administration by mouth, and besides I have thought that perhaps its rapid absorption into the maternal circulation *might* be injurious to the child. I have never observed any such effects following the administration by mouth. And, what is very singular, it seldom induces somnolency in the mother.

There are cases in which the os uteri (from previous inflammation) is almost, and sometimes entirely, undilatable, over which opium (in common with all other known therapeutic agents) exercises no control, and for which the knife is the remedy.

Hereditary Wens.

The St. Louis *Medical Reporter* contains the following account of a family with wens on the head, by Paul F. Eve, M. D., Professor of Surgery, Missouri Medical College:

I propose to report some striking facts regarding atheromatous tumors under the scalp, which I met with in a family near Augusta, Ga., while stationed there during the war:

1. Their gregarious or multiple character—a dozen having been removed from one head.

2. Their hereditary tendency—a grandmother, mother, son (my patient), two sisters and three daughters, all having presented these wens on the head.

3. The great size of some of them—one was nearly as large as a small orange or common apple.

4. The conversion of the contents of some of them into a puriform fluid.

On the 23d of October, 1864, I removed two encysted tumors from the head of Mr. L., in South Carolina. He gave me the following history bearing upon their growth: His grandmother had had a wen on her head, and his mother a very large one, which was ruptured accidentally by coming in contact with the loom while she was weaving. It required some time and treatment to heal the ulcer succeeding the evacuation of the contents of the sac. My patient now presented three tumors, the largest was situated over the coronal suture, a little to the left of its junction with the sagittal. He was sixty years old, was a fleshy man of some two hundred pounds weight. He noticed this growth fifty years ago. It was the largest of the kind I have ever seen, had become somewhat pendulous, its coverings were much attenuated, with varicose veins running over its surface, and was of a purpleish color. It was about two inches in diameter, ovoidal in shape and quite soft on pressure. The ellipsis made for its removal required five sutures to close the wound. The cyst being very thin, ruptured during the dissection, and its contents consisted chiefly of a puriform fluid mixed with the usual caseous-like matter of wens. The more superficial of its contents resembled pus, while the fundus contained a substance like that extracted from a second tumor on the summit or vertex of the head, having all the characteristics of common atheroma. This change in contents was no doubt due to chronic inflammation in the pendulous portion of the sac.

I next extracted twelve wens from under the scalp of one of the daughters of my patient, varying in form and size, but generally about that of a large marble. Two were extracted from one incision, so close together and numerous were they in this case. A simple cut exposed them, and with strong forceps the cyst, with contents, were removed entire. So stout were these sacs that they preserved their size and shape when placed in a vessel of water. I also removed one from another daughter in this family, and there was yet a third child having these tumors on the head. The father and these three daughters had moreover similar smaller wens developing under the scalp.

During my sojourn in St. Louis I met with a lady who has several wens on her head, one large enough to interfere with her dressing the hair. Her daughters objected to their removal.

Rubber Cloth in Skin Diseases.

The following translation of an interesting article by Prof. Hebra, of Vienna, is from the Boston *Med. and Surg. Jour.*

During my last visit to Paris, Prof. Hardy told me that he frequently used vulcanized rubber cloth (*toile caoutchouqee*) in the treatment of eczema, with good effect, applying it "*pure et simple*" upon the affected parts. As there happened to be no case at the time in Hardy's clinic to illustrate its use, I was obliged to be satisfied with the information alone, and to undertake an independent examination of its effects on my return. This I have been doing for the last year, and would now make known the results of such treatment.

It was to be expected *a priori*, considering the impermeability of caoutchouc to watery liquids, that the evaporation of the volatile secretions of the skin

would be prevented, and their collection in the form of drops between the rubber cloth and the skin favored by its application. Now as every liquid, including the normal secretions of the skin, tends to soften and macerate the epidermis by long contact, it was principally the therapeutic effect of such maceration that was to be looked for here. It was, therefore, a continual warm bath in the individual's own cutaneous secretions which was used upon the affected parts, and it might be expected the results would be similar to those obtained by the "continual bath."*

This supposition, however, has been only partially realized, and principally when pure caoutchouc has been used instead of the vulcanized cloth. With the latter there must also be taken into account the material used in the process of its manufacture, especially the sulphur; so that wrapping a part in vulcanized rubber cloth, to continue the above comparison, might be likened to a continual warm sulphur-bath.

In using this comparison, however, it should not be forgotten that the normal cutaneous fluid secretions differ widely from common water, and, moreover, that the acids and salts they contain, as well as the fatty matters which are readily converted into the fatty acids by the rapidly ensuing decomposition, exert on long contact with the skin a very different action from ordinary or sulphur water, and that on this account these elements cannot be disregarded in judging of the therapeutical action of caoutchouc. From this point of view, as well as from that of experience, which teaches that morbid appearances are often produced upon the skin by the action of its decomposed secretions, I was not disposed to expect any very favorable result from its employment. But on the other hand, as it is well known that the same means which, under some circumstances, will produce eczema, will, under others, cure diseases of the skin, I abandoned this over-hasty criticism, and awaited the results of a careful trial. How far my opinion was justified by the result, will be seen by what follows.

But before mentioning the affections and the individual cases treated by the caoutchouc, I will first describe, more particularly, the material employed. The rubber cloth (toile caoutchouqee) consists of ordinary cotton, which is first coated with a solution of caoutchouc, and then submitted to the process known as vulcanizing. This consists in sprinkling the stuff with a mixture of caoutchouc and sulphur, and exposing it to a high temperature under a pressure of sixteen atmospheres. The material obtained in this way is gray, black, or of any other desirable color, flexible, impermeable to watery fluids, smooth and polished on one surface, dull and rough on the other, and smells of caoutchouc and sulphur. Oil, as well as all fats, and alcohol, dissolve this layer of caoutchouc, thus destroying its desirable qualities, and rendering it useless for the purpose in question. It can be worked like any other cloth, that is, be cut, sewed, and its surfaces be made to adhere by means of a cement containing caoutchouc. These properties led me not only to apply it simply, as Hardy advised, to the affected parts, but I had various pieces of clothing made of it, for instance, caps for the head, bags in which to envelop various regions of the body, gloves, stockings, and, finally, entire drawers, with and without feet attached, as well as shirts and blouses. Besides these, I had some of the ordinary gum-elastic (not vulcanized) made into bandages and glove, and convinced myself that this might also be used.

As to the diseases in which I employed it, it will be readily understood that its effect was tried not only in eczema (as Hardy advised), but in many other affections of the skin, especially in cases where it was desirable to soften and macerate dry and hard masses of epidermis, as in psoriasis, ichthyosis, tylosis, pityriasis, &c. In burns of mild degree, also, in variola, and in some cases of pruritus cutaneus in old people I tried the rubber garments, and found especially favorable results to follow.

After this general explanation, we will now describe the individual cases treated by the caoutchouc method, beginning with those of eczema. We have submitted every variety of this affection, from E. squamosum to E. impetiginosum, to this treatment, making use either of closely applied pieces, roller bandages, or the whole garments. In every case the smooth side of the vulcanized cloth was laid in contact with the skin, from which the collections of morbid products, the scales, crusts, &c., had been previously removed, although in some cases the cloth was applied for the sake of experiment above these. On removing the cloths, at the end of 12 or 14 hours they were found very moist, often entirely soaked through, and the fluid, which had collected on the surface of the skin in considerable quantity, of a penetrating smell, worse even than that of the "stinking foot-sweat." The skin itself, however, when cleansed from the diseased products thus softened, appeared odorless and only reddened, more or less robbed of its epidermis, moist and shiny. The sensations of the patient during their application were not at all unpleasant, there being no pain or itching. After their removal, itching generally came on, and, unless they were renewed within a half hour or so, a feeling of contraction and pain also, so that the patients longed for their immediate reapplication. If the treatment was continued in this way, the whole series of symptons gradually diminished—the moistening, redness, itching and pain—and in many cases the cure of the eczema was seen to be complete in he course of two months.

* The "continual bath" here spoken of is a method of treatment introduced by Prof. Hebra, and used in certain chronic skin diseases and extensive burns. The patient is kept in warm water day and night constantly, sometimes for two or three months.—Translator.

But as it is known that under other treatment the cure of eczema may be effected in this period of time the question arises what advantage the caoutchouc method offers over others, such as by ung. diachyli, tar, zinc, sublimate, &c.

The answer must be, that, although in general no excessive advantage can be attributed to the caoutchouc, nevertheless there are cases in which this new remedy can be used with especial profit. I refer here particularly to eczema of the hands, fingers, flexures of the joints, scrotum and feet, in which the application of salves, &c., is not only attended by much inconvenience to the patient, but in which also the caoutchouc preparations are able to afford a much more speedy relief to the pain produced by the fissures, inasmuch as such parts can be kept constantly moist by the easy application of the gloves, cots, bandages, suspensories and stockings employed. Although, therefore, no new panacea has been introduced into dermato-therapeutics by the use of caoutchouc in the treatment of eczema, it must still be regarded as a very *valuable addition to our means of cure*, and all the more as it does not prevent the helping use at the same time of other known remedies. Thus in many cases the cure of eczema is powerfully assisted by the simultaneous use of schmierseife, baths, douches, tar preparations, &c., and these latter in turn made more servicable by the application of the caoutchouc cloths.

Of the other affections of the skin it was especially the hardened concretions of epidermis in pityriasis, xerosis, and psoriasis palmaris, as well as in tylosis plantæ pedis, in which caoutchouc gloves and stockings were successful in easing the pain of their painful cracks, and causing them to heal even by prolonged use. In some cases of burns of the second degree upon the hands and feet we tried the treatment by persistent application of the caoutchouc cloth, and it succeeded perfectly, although I cannot concede to it any advantage over cold or warm water fomentations or applications of ordinary cerate, oil and lime-water, &c. In order to soften the epidermal coverings of the efflorescences in variola, so as to favor their discharge and the absorbption of their contents, I tried similar applications of the rubber cloth, enveloping certain of the extremities in rubber bags, and changing them every 24 hours in order to cleanse them and the skin. The course of the pocks was not the least altered, but the maceration of the thick epidermis of the planta pedis and vola manus thus effected materially helped in preventing the pains which so frequently occur in these localities, and on this account I can strongly recommend this method in variola.

But it was in four cases of general itching of the skin that this treatment was most beneficial, which, although partially associated with eczema, did not occur upon the eczematous parts, and therefore were properly regarded as pruritus cutaneus senilis (prurigo senilis aut orum). The patients were four old men between 65 and 75 years, one of whom only I treated in the hospital, the other three (Prince F. S., Count Cz., Baron E.) in private practice in connection with their attendant physicians. With all four I had a complete suit of rubber clothing made and worn next the skin, at first day and night.—Morning and evening the garments were either changed, or where, as in the hospital, only one suit was provided, this was removed for a short time, cleansed and again put on. The effect showed itself in each case the first day even; perspiration became more abundant, the itching and tension of skin entirely ceased, and sleep, which had been disturbed, returned. All the patients expressed themselves as much relieved, and submitted with great pleasure to the continued treatment. After the lapse of some weeks the rubber clothing was worn only either during the night or for an hour at a time during the day, until finally it was removed after complete cure in each case. The accompanying eczema was all the more easily treated by the ordinary remedies (tar preparations), as the coverings modified and mitigated the odor as well as concealed the stain they produced. To prevent misunderstanding, let me again draw attention to the fact that the caoutchouc bandages were of themselves sufficient to allay the distressing itching, which compelled the patients to scratch and deprived them of sleep, and that the tar preparations were only used when sooner or later the ordinary symptoms of eczema showed themselves.

Reviews and Book Notices.

The Physiology of Woman, and her Diseases from Infancy to Old Age. By C. Morrill, M. D., author of sundry medical essays, lectures on popular physiology, etc. Sixth Ed., Boston, James Campbell, 1869. 1 vol. pp. 438, price, $1.50.

This aims to be a popular treatise on the sexual physiology and pathology of woman, a treatise to set forth scientific matters of value in language suitable to the general reader. The aim is most praiseworthy. Just such a volume is wanted. But a more utter inadequacy of means to ends we rarely have seen displayed. Who C. Morrill, author of Sundry Medical Essays, is, we have not the least idea; but *what* he is, how much he knows on the subject of gynæcology is too plainly evident. His sole authorities are such antiquated tomes as those of Dewees, Denman, Dixon, and the other worthies of past generations. The crudest surmises are united to grave repetitions of exploded theories. Passages are borrowed without acknowledgement from Menville and Michelet, and thread-bare anecdotes are retailed as new.

Even this poor material is most lamely put together. An air of pedantry would repel the reader,

even if the book were worth reading. The author affectedly heads his paragraphs with Latin words, applicata, gesta, percepta, circumfusa, and such like jargon, which has no existence either in medical or popular language. Mistakes of fact occur constantly, and as far as information is concerned we can not put this book above "Becklard's Marriage Guide" or the other volumes of a similar character which are sold "on the sly." The paper, print, and engravings are as poor as the composition, and why the publisher of the "Gynæcological Journal" should get out such a book, we cannot see.

The Journal of the Gynæcological Society of Boston, devoted to the advancement of the knowledge of the Diseases of Women. Edited by Drs. Winslow Lewis, H. R. Storer, and G. H. Bixby. James Campbell, Boston, Mass. Monthly, $3.00 a year. Vol. 1, No. 1.

The Journal of this young society dashes into the arena with a decidedly militant air. It touches up the "venerable weekly" which has been so long the one medical organ of Boston; it hints at the very utset the organizatison of a new medical school "more alive to the wants of the age" than that respectable concern attached to Harvard College, and the publisher, in an amusing salutatory of half a dozen pages, congratulates himself and the world on having for editors such men as Dr. Lewis, who, though seventy years of age, "retains so much of the fire and progressive tendencies of youth;" as Dr. Storer, variously judged, he tells us, as "enthusiastic, empiric, egotist, fool," and as Dr. Bixby, whose "blood boiled in his veins" when "the Rebellion broke out," and who rushed from Europe to take charge of a hospital boat on the Mississippi river, which perilous and arduous post, we are glad to learn, he filled with conspicuous success. Mr. Campbell kindly gives us a biography of each of these gentlemen, for which no doubt, posterity will duly thank him, even if the resent degenerate age laughs.

These idiosyncrasies aside, which we gladly attribute to its youth, the Journal promises to be a very good one indeed, and exceedingly interesting. It deserves, and no doubt it will have, a paying circulation. It contains excellent articles by Drs. Field, Storer and Gerould, and we urge all our subscribers who are interested in the Diseases of Women to give it their support. We will cheerfully forward their names.

The Milk of the Sow.—Of all milks, that from the sow is the richest and most nutritious. It contains 50 per cent. more of solid constituents, such as butter, cheesy matter, and sugar, than does the lacteal produce of the cow. This is shown in a recent analysis by Professor Cameron, of Dublin. He appears to be only the second chemist who has examined the secretion. Curiously, the milk of the sow is generally absent from lists of milk analyses; the reason doubtless being the difficulty of securing specimens.

Another Victim.

Again it is our duty to chronicle a death by produced abortion. It occurred in Middletown, Connecticut. The victim was Margaret Dorcas, a young woman twenty years of age. She had complained of severe diarrhœa for several days. Drs. Courrie and Sloan were called in. When asked why she had not done something to stop it, she said that she had her reasons. The doctors soon after discovered that she was pregnant, and asked her if she had taken any medicine. She replied that she had; and, being asked by Dr. Sloan who had given her the medicine, she replied, "Dr. Johnson." *Per contra*, Dr. Johnson testified: "I do not know the deceased; was never called to see her; she never called upon me for medicine that I know of."

One of the physicians who appeared before the Coroner's Jury made the statement, that within the corporate limits of Middletown, the practice of which this young lady was the last victim, is alarmingly prevalent, and that not only by the use of drugs, but by other violent methods, the crime of fœticide is constantly being committed.

How long is this to last? Are there no means in law, religion, or medicine to check this evil?

The Gynæcological Society of Boston

Promises to be an efficient agency in the advancement of our knowledge of all that appertains to the management of diseases affecting women. Meetings are held every two weeks for the reading of essays and discussions. The Society has commenced the publication, monthly, of a journal of 64 pages, devoted to the advancement of the knowledge of the Diseases of Women, which we notice in another column.

We wish this Society, as we do every agency that is calculated to aid our profession in the discharge of its interesting and important duties, abundant success. We feel duly grateful for the honor conferred in our own election as a corresponding member of the Society.

Dampness in Safes.

According to a correspondent in the *Druggists' Circular* dampness in safes can be entirely prevented by simply putting a lump of gum camphor among the papers, etc.

Organic Synthesis.

The last number of Liebig's *Annalen* announces the fact, that the direct transformation of the acids of the fatty series into corresponding alcohols has been effected by *Linnemann*. It was accomplished by the action of sodium-amalgam on anhydrous acid. This important discovery supplies the missing link required to pass step by step up the ladder from the simplest alchohol (wood-spirit), up to the highest, wax alcohol.—*British Med. Journal.*

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 17, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

As we are about to reduce our stock of odd back numbers of the REPORTER, in order to make room, it is desirable that all who wish to complete their files should notify us *by the 10th of August*. Bills will be sent with the numbers ordered.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

THE HYDRANGEA ARBORESCENS.

In our inaugural thesis for the degree of Doctor of Medicine at the University of Pennsylvania, in 1850, we presented to the notice of the profession the *Hydrangea Arborescens*, for the purpose of removing small calculi and sabulous deposits from the bladder. We gave a number of cases in which it had been used with apparently marvellous success. The essay was recommended for publication and was subsequently published in the *New Jersey Medical Reporter*, in 1851.

For a time the proposed remedy attracted a good deal of attention, and was used with much satisfaction by a number of physicians, and the results published. PARRISH, and other druggists of this city, and TILDEN & Co., of New York, prepared, and, we believe, still prepare large quantities of the fluid extract, and the preparation recommended by us, made with honey. There was, for a time, certainly, a brisk demand for the root. The "Eclectics" immediately introduced the hydrangea into their materia medica, and we believe it is now, with them, a standard drug.

We firmly believe that if we had made a proprietary medicine of our form of preparation of the hydrangea, and expended one-half the energy upon introducing it, that we have in the legitimate walks of our profession, we would have made a valuable medicine popular, and be now paying government a round sum annually as tax on granite or brown-stone fronts, income from sales, etc.

An opportunity is unexpectedly afforded us of once more pressing the claims of this drug on the notice of the profession. In a business note Dr. T. N. TAYMAN, of Galena, Kent Co., Maryland, says:

"I think you are the same Dr. BUTLER I wrote to some years ago in regard to mulberry calculi from which I was then suffering. You had the kindness on that occasion to recommend to me *Fluid Extract of Hydrangea*, and kindly sent me several medical journals treating on the same disease. I avail myself of the opportunity of returning to you my sincere thanks for the kindly interest you took in my behalf at the time, and to say to you, with emotions of gratitude, that the suggestions you were pleased to make, have been highly satisfactory in my own as also to many others to whom I have administered the same remedy in my daily rounds among the sick.

SOME VITAL STATISTICS.

We have before us the report of the City Registrar of Boston for 1868. It contains some points of general interest.

The birth rate of Boston is one to every 33.79 persons. This is lower than in any European nation except France and Belgium. The Registrar remarks:

"When it is remembered that in 1851 there was one birth in Boston to every twenty-six persons living, the present birth-rate (one to 33.79) will not fail to attract the notice of all who are interested in vital satistics, and awaken something more than curiosity. Whether prudential motives, or something worse, or both together, lie at the root of the matter, the disagreeable fact remains, and challenges serious consideration. Apart from the medical journals of the country, this subject seems to receive little notice; and even in them the discussions are of a spasmodic character, and

gradually taper of into scientific disputations, which neither cure the evil, nor point to a remedy."

But even this ugly proportion is much better than in New York or Philadelphia, if we may trust the city reports.

The following is a comparative statement of the births in the cities of New York, Philadelphia and Boston :

New York.		Philadelphia.	Boston.
Population,....	1,100,000	800,000	240,000
Births.....	12,590	17,259	7,102
1 Birth to every.	87.37	46.35	33.79

There can be no doubt that the number of births returned in the two first-named cities are far below the actual number that occurred there. Either the laws in the two places are very loosely enfored, or their system of registration is at fault. In either case, the contrast afforded by Boston (where but very few births escape registration,) is creditable to the law in operation in Massachusetts.

The following statement of the deaths in Boston, New York and Philadelphia, will show how the mortality in the first named place compares with that of the last two. The reports of the deaths in New York and Philadelphia are not liable to the same objections that exist against the returns of births and marriages. As every interment requires a permit for removal, the mortality in each place is undoubtedly correctly stated :

Boston, 1 death to 43.48. New York, 1 to 44.19. Philadelphia, 1 to 59.74.

New York has long borne the unenviable reputation of being little less than a plague spot. Those who have been accustomed so to regard it, will be somewhat surprised to learn, that, notwithstanding its fifth, and the free-and-easy way in which public matters are conducted, its bill of mortality has a more agreeable appearance than that of Boston ; while Philadelphia outstrips both in an extraordinary degree.

Malt Extract.

Make 2 pounds fresh ground malt to a paste with cold water, and stir in hot water until the mixture has reached a temperature of 158 degrees F. Let stand at this temperature till all the starch has been converted into dextrin (until tinct. iodine no more colors it blue) ; this will take about 2 hours. Wash several times with water, and evaporate to the proper consistency.—Buchner, *Neues Repetor.*

Notes and Comments.

A Private Hospital for Mental Diseases.

We lately paid an agreeable visit to Clifton Hall, an institution near Philadelphia for the treatment of diseases of the mind. The establishment is admirably conducted by Dr. R. A. Given, whose skill in this branch of science is abundantly proven by the favorable results he has produced.

The location is beautiful and salubrious ; the house, though possessing all the safe guards and appliances of a public hospital, in external appearance and internal arrangements, presents nothing to unfavorably impress the inmates ; the patients of both sexes, the Superintendent and his household, take their meals at a common table, which is liberally supplied, and differing in its appointments in no respect from the tables of the educated classes elsewhere.

Music, games, etc., are abundantly supplied, and we take pleasure in recommending the institution to our professional brethren as thoroughly worthy their confidence. Dr. Given may be addressed " Clifton Hall, Kellyville, Delaware Co., Penna."

The Next Census.

A census committee, appointed by the late Congress, is in session in Washington. We trust that they will adopt such rules and regulations as will make this the best census that has ever been taken.

There are now five candidates for the office of Superintendent, each of whom denies that he is an applicant, namely : Dr. Kennedy, the late Superintendent, Dr. Hough, prominent in the last New York enumeration, Dr. Walker, of the Statistical Bureau, Dr. Jarvis, of Dorchester, Mass., and Dr. Barnard, present Commissioner of Education.

There are some excellent names in this list—but we trust that the claims of so eminent and practical a statistician as Dr. Edwin M. Snow, of Providence, R. I., is known to be, will not be overlooked. We should be sorry to hear that any of these gentlemen had descended into the political arena for the sake of obtaining the position ; but let it be conferred on the one who is *best qualified* to fill it.

Jersey City Charity Hospital.

The formal opening of the Jersey City Charity Hospital, under the control of the Medical Board, composed of physicians and surgeons appointed by the Common Council for its special management, and located at the foot of Washington street, took place on Wednesday, June 9. A number of surgeons and physicians were present. Dr. J. W. Hunt, President of the Medical Board, delivered an appropriate address. At present there are 30 patients in the hospital.

Cessation of the Revista Medico Quirurjica y Dentistica.

The proprietors of the *Revista Medico Quirurjica y Dentistica* announce the suspension of their journal. This is due solely to the political troubles now existing in the Spanish West Indies.

Publication will be resumed it is hoped in January, 1870.

Nearly every Medical Journal in the United States has exchanged with the *Revista;* and for this kindly recognition of their effort, the editors desire to express their thanks.

Fee-Bills.

We have received from Dr. HORNER, of Fauquier county, Virginia, a fee-bill of the society of that county.

We should be glad to see a uniform bill of charges adopted by the profession, and recommend such a step to the notice of all medical societies.

Formula for Giving Quinia.

A correspondent furnishes the following formula, intended to cover the bitter taste of quinia:

℞.	Quiniæ sulphatis,	gr. xxiv.	
	Syrup sarsap. comp.,	f.℥iij.	
	Acidi tannici,	gr. iij.	
	Ol. Menthæ Piperitæ,	gtt. v.	M.

Correspondence.

DOMESTIC.

That Case of "Cancer."

EDITORS OF MED. AND SUR. REPORTER:

The published report of Mrs. Dr. T. G. MORRIS' case, (of Liverpool, Perry county, Pa.,) under the caption of "*a case of cancer*," which appeared in your excellent journal May 15th, page 367, current vol. has attracted the notice, and excited the curiosity of a number of medical men who perused it, some of whom enjoyed the acquaintance of the excellent lady who was the subject of it, during the later years of her life. Among this number are at least two of those, who according to the published report, "were called in to the case, but failed to properly diagnose it." "Some supposing it to be an 'ovarian tumor' or 'cancer of the uterus,' some 'a displacement of the liver' or 'right kidney,' others a 'a case of hydatid.'" (Hydatid of what?) Then after regaling your readers with this formidable array of diverse opinions entertained by Mrs. M's medical advisers we are informed that the "general conclusion" was an "iliac cancerous tumor" of large dimensions.—Almost in the next sentence we are gravely informed that "upon a post mortem examination having been made by Drs. CASE, RITTER, EBY and RUTTER."—A "*cancerous tumor* about the size of a child's head presented itself," thus confirming the "*general conclusions*" alleged to have been reached by Mrs. M's medical attendants, although "they failed to properly diagnose the tumor," and as we are led to believe according to the report, entertained widely different views in regard to it. Notwithstanding all this, if the result of this post mortem examination is correctly reported, paradoxical as it may seem, the "*general conclusions*," of those who committed the error, in diagnosis, were in perfect accord with the revelations of the cadaver.

We are left in the dark as to the particular organ affected, or part that was the seat of the "cancer," which is to be regretted. Whether the language employed in the published report (from which we quote,) fairly represents the views of the gentlemen who furnished it or not, we have no means of judging; but some of the assertions and statements contained therein are, to say the least of them, at variance with the following facts, as obtained from the patient and her husband, relatiing to the history of the case, by the writer, viz: That Mrs. M., had suffered from chronic derangement of the liver, and constipation, for more than twelve years previous to her last illness, and was in the habit of frequently taking purgatives for relief. The illiac tumor only manifesting itself some three months prior to her decease. There had been exposure to cold, and a ride of sixteen miles and return, over a rough road after the pain and soreness in the illiac region had commenced, when all the symptoms became much aggravated. The next point we take exception to is the alleged difference of opinion. So far as known there was perfect unanimity of sentiment in regard to the case, among the medical gentlemen who were professionally concerned in it. Whether these opinions were correct or otherwise remains to be *proven yet*, and we are willing to submit them, together with such evidence as is deemed important, to the intelligent and enlightened readers of your Journal for their decision. The post-mortem examination was conducted by the gentlemen above named, in the *absence* of the attending and consulting physicians. Not *one* of *them* was present to witness this eminently proper proceeding, to assist with their "skill" and previous knowledge of the case, in elucidating its character, or to defend their views against misrepresentation. How these views were discovered is a mystery, since they were never promulgated to the gentlemen who officiated at the autopsy. The description of the seat of the tumor, its location and anatomical relations, etc., are detailed with sufficient minuteness to render its genera characteristics intelligible to your readers, for this we feel obliged, but are forced to object to the character given of the morbid production, viz: "*Cancerous tumor*," and most respectfully ask, in the interest of medical science, as well as for our own enlightenment, some additional evidence upon this

point, from those who so peremtorily asserted that the disease "was not properly diagnosed."

First. What part of the colon was adherent to the diseased mass? *Second.* Was there a direct communication between the colon and cavity, or "cells" of the tumor? *Third.* By what means was the cancerous nature of the tumor determined? Was there a microscope used on the occasion, or were the visual organs of the gentlemen capable of discerning cancer cells unassisted by the microscope? Do cancerous growths form adhesions to neighboring parts and visceri, as this one seems to have done? These questions, fairly answered, will, in our opinion, settle the question as to diagnosis. Having given a brief history of this interesting case, which, as will be observed, conflicts in one important particular with the published one, viz., the length of time Mrs. M. suffered from this tumor, (which was, in reality, an acute affection, and only *existed some three months* instead of "a few years" before her death,) it is proper that your readers should have a description of the symptoms the case presented when the writer first saw it, on the 20th of March last, and one month before its fatal termination. They were, in brief, the symptoms that define a stercoraceous abscess, and such as characterize phlegmonous inflammation in other parts of the body. These are so plainly defined by Prof. Gross, in his admirable treatise on surgery, vol. 2, page 633, 634, (who has written more on this subject than any other author I am familiar with,) that I will quote his own language in describing the symptoms of the disease under consideration.

"Great local uneasiness, and constitutional disturbance, severe and protracted rigors, irritability of stomach, sleeplessness, and great prostration. The integuments elevated into a distinct tumor, exquisitely tender to the touch, and marked by an erysipelatous blush, with an appearance of œdema." Fluctuation not detected, but the presence of air in the tumor readily appreciated by the ear and by percussion, also evident to the patient. A more faithful description of the symptons could not have been written than is there laid down as a guide to the diagnosis of the ailment she was suffering from.

After Dr. T. G. Morris (the patient's husband), Dr. Dock, of Harrisburg, Pa., was the first physician called in to examine and prescribe for her, who gave as his opinion that the disease was illiac abscess, or threatened abscess around the cœcum, and very properly employed means to effect resolution of the inflammation, but owing to his own health being delicate, he was compelled to abandon the case, when the writer succeeded him, fully coinciding in views of case, and continued in attendance from that time until her death, some four weeks afterwards.

Dr. D. M. Crawford, of Mifflintown, Pa., was finally called in consultation, who corroborated and sustained the views previously expressed by Dr. Dock and myself. After failing to procure resolution, means were employed to promote suppuration; emollients locally nutrients and stimulants, and opium internally constituted the treatment. An incision was proposed, but the measure was not acceded to by the patient. It was believed the abuse of purgatives and exposure to cold caused the mischief, resulting in inflammation of the cœcum and vermiform appendix, giving rise to adhesions, and by absorbing the wall of adjacent part of colon, or by ulceration, fœcal matter escaped into the abscess. The products of inflammation in this situation, differing as they do from the ordinary results of that morbid action in other parts of the body, and the ill elaborated pus might readily deceive the unwary and be mistaken for malignant disease by inexperienced or careless observers.

P. L. Greenleaf, M. D.

Thompsontown, Pa.

Spontaneous Absorption of Serum in Hydrocele.

Editors Med. and Surg. Reporter:

I send you the following case. It is new to me, and may be so to some of your readers.

T. B., a lad aged 9 years, health good from infancy. Two years ago his parents discovered an enlargement of the scrotum on the right side as though it was confined to one testicle. As it occasioned no pain or inconvenience, he remained silent for some three months, when it increased to the size of a goose egg. I was called in, and first supposed it was scrotal thermia, but, upon close examination, I discovered it was hydrocele, from the fact it was transparent and fluctuating, and not dilating when the patient coughed, and all the symptoms of hernia being absent.

An operation being refused, I wasted one month in local applications without benefit. When the consent of the parents was obtained, I promised to return in a few days and operate with trocar. On the fourth day I came prepared, when, to my surprise, I found all swelling gone, and the patient entirely well. His mother stated that he looked for my return for three evenings with much anxiety, and every evening it grew less until it was all gone. He remained so for some twelve months, when it returned again as large as before, when I was called again. I afterwards called Dr. Bissell's attention to it. He carefully examined it, and came to the same conclusion that I did as to the nature of the case.

I promised to return and use the troca and canula in five days. I repaired to the residence of the patient, with like result as before—the swelling all gone, and the patient well to all appearances, and remains so up to the present time. Query: Was it the mental excitement that produced the absorption, or what was the cause of it?

The patient had not received any injury, to his

knowledge, and knew nothing of it until his attention was directed to it by his brothers, who conveyed the information to his parents. I will watch the case closely, and report if there is any change or returns.

J. W. McAfee, M. D.

Salem, Oregon, June 23, 1869.

Hypodermic Injections.

Eds. Med. and Surg. Reporter:

Feeling as I do, the great advantages arising from the use of the hypodermic syringe, if no other motive than an admiration of its use, could prompt me to speak in its praise, so great a blessing as it confers upon suffering humanity, it alone is sufficient. When I first used it I was warned of great danger in having anything to with it—one physician said he had great trouble in saving one of his patients from an attack of phlebitis, resulting from the use of a syringe—another, that statistics gave so many deaths from its use that he could not be persuaded in its use; in its use, however, those fears have been entirely abandoned. Concluding that if bad or fatal effects arise, it only occurred in such cases as similar effects would have been produced if administered differently, the advantages in the certainty of its effects, is not the less marked. The condition of the stomach, the coming in contact of that which would neutralize the medicine in its effect, and many other conditions arising that necessarily the physican must contend against, the rapid effect of the medicine is also another great consideration. Nausea sometimes arise contraindicating the use of opium and its salts which to a great degree can be avoided with the use of the syringe.

Difficulties sometimes arise in dissolving the salts wished to be used—the acids, dilute, were advised by some, but in my attempt at using it, found that it added little to dissolve the medicines, and at the same time acted as an irritant to the skin. I herein annex some cases coming under my observation.

Case 1. Wm. H., aged 50, of strong constitution, had sciatica from which he was suffering excruciating pains; a full dose of morphia was injected hypodermically; in a few minutes was entirely free from pain; the syringe was used several times with great relief to the patient. In a few days he recovered entirely.

Case 2. Rev. J. McC., aged 50, had for several years periodical attacks of sciatica—was called to see him when first taken; a full dose was given hypodermically, which permanently relieved him. In his former attacks he usually was confined several weeks.

Case 3. Mrs. S., aged 48, suffering from scirrhus of mammary gland—had it removed about one year ago, after a short time it returned, causing great suffering, to relieve which she used McMunn's elixir opium, she had reached that point of tolerance that she could take at one dose ½ ℥; her stomach became very much disturbed, which suggested the use of the syringe, which was used with entire satisfaction; the dose given being as much as 1 ⅛ gr. morphia.

Case 4. J. C., aged 30, was called to see this patient after a relapse from an attack of acute rheumatism, he was placed under the alkaline treatment, with anodynes to relieve pain; nausea arose which required the withdrawal of both medicines; the pains were so great, however, that morphia was used hypodermically, which proved satisfactory; the alkaline remedies were renewed again without any untoward symptoms.

Carmichael's, Pa., June 15,1869.

Degeneration of the Blood from Earth-Eating.

Eds. Medical and Surgical Reporter:

The effects of earth-eating vary according to the geological composition of the earth ingested; but the earth-eater's countenance generally betrays his depraved practice, by a particular tinge of the skin, a kind of pale, sallow color.

A certain soil in some districts of South America is eaten by some of the inhabitants, and it is said that when partaken of in moderate quantities it nourishes like any ordinary aliment, probably from a preponderance of organic matter in its constituents. The mud-eaters of Kentucky do not seem to suffer very severely from the effects of that particular soil they eat. Here in the island of Cuba, those children in the habit of eating a black earth containing much vegetable matter, suffer considerably less than those who indulge in the more inorganic red soil, thus colored by the oxide of iron; the former generally live to grown age in their habit, when they almost always abandon it from a feeling of decency; but the latter very often succumb before attaining that age.

I had lately three patients in the country—such patients being a rarity in cities—who were fond of the red soil; they were two boys of the ages of 8 and 3, and a girl of 2. They all had a prominent dropsical abdomen, and on suspicion of the coexistence of worms to account fairly for it, they were treated with mucuna and later with santonin, but without success. Their miserable countenance was a picture of ill-health; anemia in different degrees was manifest in all; abnormal heart sounds, and the humming of the jugulars was very clear in the older boy and the girl; there was also palpitation, dyspnœa, &c.

The girl was too far gone, and was treated by palliative means; a persistent diarrhœa, occasional vomiting, anorexia, and a gradual sinking soon took her to the grave—a brother had died some time previously, having passed nearly the same series of symptoms.

In regard to the boys, they were purged for a few days; though they all had been repeatedly

purged and vomited before I saw them. I prescribed then a lacteal regime, and as much meat as they could eat, and also a severe corporeal chastisement if seen near the spot they usually frequented for their favorite mess; but this like all the other physical, moral, and even medicinal means would have been fruitless had I not, a stranger to them, intimidated them with horrible things if they did not obey.

At the end of a week the amelioration was perceptible, and they continued to improve.

However, the tenacity to their habit—which is proverbial in such patients, and of which I could convince myself by having seen the little girl crawl out of a low bed when in the last stages almost, to reach a lump of earth—requires for its thorough eradication a strict character on the part of parents, and an abundance of food as a prophylactic, and these two requirements are not be had in this case, so I fear they will continue in their practice.

P. Cantero, M. D.
Trinidad de Cuba.

A Mistake in Diagnosis.

Eds. Med. and Surg. Reporter:

July 1st. 1869. I was requested to see a little boy of H. Fisher's in the neighboring village of Huntsville. On entering the house, and seeing the little fellow lying on a pallet, I remarked to the mother that she had a sick boy. "No," said she, "he is not sick; but I want you to examine him and see what is the matter." I then uncovered and examined him and found it to be a case of paraphymosis. I learned that it had been of three or four days' standing. The prepuce was retracted behind the glans forming a double swelling, as usual in such cases, with the edge of the prepuce deeply buried between. The glans was very much enlarged, inflamed and tender. Considerable effusion had taken place, and I doubted very much whether I should be able to restore the parts to their proper relations, without an incision. However, I determined to make the attempt. After gentle, continuous and persevering manipulations for about fifteen minutes, I had the satisfaction of returning the glans through the stricture much to the little boy's gratification. I then learned that Dr. D., a physio-medical practitioner of the village, had been in attendance for three days treating the case for *erysipelas of the penis!*

I know it is not given to all men, like Sydenham, to see and diagnosticate disease almost intuitively; yet for a case so patent as this—so simple and easy of comprehension as it must have been when Dr. D. first saw it—mistaken for erysipelas of the penis is utterly inexcusable in any practitioner of medicine and surgery. But for a man like Dr. D., who holds himself up, and is held up by his friends, to be *some* in his school of medicine and who has been in practice for some years, to be guilty of such a blunder, argues an ignorance of the anatomy and surgical diseases and accidents of the parts that is deplorable and passing strange; which indeed, I scarcely could have believed possible, had not the parents assured me of the fact.

Ward Cook, M. D.
Pendleton, Ind., July 5, 1869.

Typhoid Fever.

Editors Med. and Surg. Reporter:

I find, in your journal of May 22d, in "Queries and Replies," that one "Dr. R. H. M., of Tenn.," wishes to know something in regard to the *treatment of Typhoid Fever.*

And, as I have been very successful since I have adopted the below-named course of treatment, I will give it to him, and the public, and they can judge for themselves of its merits.

Now, that I may "give a *reason* for the *hope* that is within me," I hope that you will indulge me whilst I say something of the nature of Typhoid Fever, as I look upon it.

In *Good's Nosology*, Typhoid Fever is placed in Class 3d, Order 1st, Genus 4th, and, as such, has been written upon by the leading pathologists of the present and past times. I would place it, according to his *Nosology*, in Class 4, Order 2, in which order, he says, belong those "diseases affecting the sensations or perceptions."

Consider, for a moment, the characteristic manifestations of this disease: weariness, lassitude, cramping pains, giddiness, the dry neck, the trembling tongue, the peculiar fitful pulse, the fitful alternations of heat and cold, and subsequently the flashes of fiery heat, the delirium, subsultus tendinum, and even the red tongue, the irritable bowels, and the rose-colored eruption, clearly indicate, to my mind, that it is essentially a *Nervous Fever.* For the before-named symptoms unmistakably indicate that the cause of this disease affects, *primarily*, the great nervous centres of organic life.

The red tongue and intestinal irritation have claimed the attention of others, and they, taking these symptoms as indicating the seat of the disease to be, *primarily*, in the stomach and bowels, have named it "*enteric fever*," or gastro-enteritis.

Now for my *Therapeutics*:

When called to a typhoid patient, I first endeavor to remove all complications, as far as practicable; a mild purgative, if constipation is present (castor oil is good). Quinine, if malaria-effects are unmistakably present, etc., etc.

But ere much time is frittered away in removing complications, we give the following:

℞.	Glycerine,	f℥ij.
	Fl. Ext. Valerian,	f℥iv.
	Oil Sassafras,	f℥ij. M.

S.—Give a teaspoonful every one or two hours (according to severity of symptoms) through the

day, sponging the patient's whole body at early bedtime with mild tepid soap-suds, rinsing off with milk-warm water.

For the relief of the pains along the spine, neck, etc., we use a liniment, made thus:

℞. Chloroform, f℥j.
Gum Camphor, ℥ij. M.
Ft. Sol.

S. Applied by wetting a small thin cloth, covering with the hand to prevent too rapid evaporation, removing the cloth from place to place as often as it makes the skin *almost* hot enough to blister, until the pains are chased, as it were, entirely out of the patient's body and limbs. In no case do I have the patient awakened out of a quiet sleep to give him medicine; and I very rarely find it necessary to give any medicine, internally, through the night, keeping the sick room darkened and quiet as possible, that he may sleep quietly.

As to dietetics, I generally recommend mutton broth in the low stages, and mutton itself as the patient's powers of assimilation become stronger, with such farinaceous edibles as the patient may desire. And if the patient desires it, I allow him to use dried fruits, well cooked. I could proceed to fill pages after pages in giving you a *resume* of the treatment instituted in this disease by other practitioners, but it is useless to do so. But as I had not seen the plan of treatment I pursue mentioned anywhere, I have taken the time and trouble to *intrude* it upon your notice, and if you see proper you may intrude it upon the notice of the medical public.

QUINTUS C. SMITH, M. D.

A Singular Case of Transmission of Scarlatina Anginosa to Varicloid Patients.

EDITORS MED. and SURG. REPORTER:

For several months past, variola, of a sporadic type, has existed in Minneapolis, and nearly all of the patients have been removed, as the disease made its appearance, to the city pest-house.

About two months since a case occurred which offers so singular a deviation from the ordinary course of malignant contagious disease, that I am induced to place it upon record.

Mary ——, æt. 23, native of Ireland, servant in a gentleman's family, who had never been vaccinated, was taken ill with the usual symptoms of Variola; and, as she was known to have been exposed to the disease, it was deemed advisable to remove her to the Hospital. Owing to the fact that the building had been recently purchased, and was not yet properly divided into wards, it was found necessary to place her in close proximity with two other patients—one affected with Varioloid, and the other with a mild type of Variola Discreta.

Upon the fourth day after her admission, the peculiar eruption of Scarlatina made its appearance, concomitant with the other symptoms of this disease well marked. She was at once removed to a separate apartment, but it was found that the others had contracted Scarlatina from her, while she remained unaffected by the more powerful virus of Variola. The rash made its appearance amongst the pustules already formed on the bodies of the Small Pox patients, thus exhibiting the singular spectacle of two of the exanthemata appearing upon the same person at the same time, and the less powerful materies morbi conquering the stronger.

In due course of time, Mary —— left the Hospital, cured of Scarlatina, and has not yet, a month later, presented any symptoms whatever of Variola.

——— ———, M. D.

Minneapolis, Minn.

NEWS AND MISCELLANY.

Meeting of Delegates of Medical Colleges.

LIBRARY MEDICAL DEPARTMENT,
UNIVERSITY OF LOUISVILLE,
May 27th. 1869.

At a meeting of Delegates from Medical Colleges for the purpose of considering the question of fees, which was held this day, the following Colleges were represented by delegate or letter, viz:

University of Nashville; Shelby Medical College, Nashville; Memphis Medical College; St. Louis Medical College; Humbolt Medical College of St. Louis; Rush Medical College of Chicago; Chicago Medical College; Indiana Medical College of Indianapolis; Miami Medical College of Cincinnati; University of Louisville.

On motion, Dr. Bowling was elected Chairman, and Dr. Bayless Secretary of the Meeting. After a prolonged conference, the following preamble and resolutions were adopted:

WHEREAS, The call for a Convention of Delegates from the Medical Colleges of the West, for the purpose of arranging a uniform scale of fees, sent by the Faculty of the Medical Department of the University of Louisville to the Colleges of Nashville, Memphis, Cincinnati, Columbus, Cleveland, Detroit, Chicago, St. Louis, Indianapolis and Louisville, has met with a cordial response in person or by letter from a majority of said Colleges; and

WHEREAS, The fact that several of said Colleges have issued their announcements for the ensuing sessions makes definite action at present impossible, and

WHEREAS, The views and opinions of the various schools as given by delegates and letters differ greatly, therefore be it

Resolved, That it is the hope of this Convention that a uniform scale of charges shall be adopted by all the Medical Colleges of our country, and we do most earnestly advise such a scale shall be agreed upon; and it is our belief that the glory and usefulness of our profession would be enhanced by the adoption of the highest rate advised by the American Medical Association.

Resolved, It is not less to be hoped that all the Medical Colleges of our country would fix a higher standard of preliminary and medical education as a pre-requisite for graduation.

Resolved, That the Convention request all the Medical Colleges in the United States to send each one delegate

to a meeting to be held in Washington, on Monday, May 2d, 1870, to take efficient steps towards carrying out in good faith the recommendations of the American Medical Association in reference to medical education, and also to form a permanent association of American medical teachers.

Resolved, That a copy of these proceedings be sent to all the medical journals in the country.

WM. K. BOWLING, *Pres't.*

GEO. W. BAYLESS, *Sec'y.*

—— THE FOOD OF A HUMAN BEING.—The following estimate of "what goes in at the mouth" of an epicure, is startling, if true: From an article recently published we extract the following estimate of what a noted English epicure ate during the 70 years that he lived: 10 oxen, 200 sheep, 100 calves, 200 lambs, 50 pigs, 1,200 fowls, 300 turkeys, 150 geese, 400 ducks, 260 pigeons, 1,400 partridges and quail, 600 woodcock, 1,400 snipe and other small game, besides 500 hares and rabbits, 40 deer, 120 guinea fowls, 10 peacocks, and 260 wild fowls. In fish, 100 turbots, 140 salmon, 220 cod, 260 trout, 400 mackerel, 400 flounders, 200 eels, 150 haddock, 400 herrings, and 10,000 smelts; also, 20 turtles, 30,000 oysters, 3,500 lobsters and crabs, 300,000 prawns, shrimps, sardines, and anchovies. In fruits, 150 pounds grapes, 50 pineapples, 2,000 peaches, 1,400 apricots, 240 melons, and some hundred thousand plums, green-gages, apples, and pears, and millions of cherries, strawberries, currants, walnuts, chestnuts, figs, almonds, &c. In vegetation of other kinds, 25,575 pounds weight; about 2,334 pounds of butter; 684 pounds of cheese; 21,000 eggs; bread, 14,000 pounds; of salt and pepper, 1,000 pounds; of sugar, 4,500 pounds. In liquids, 49 hogsheads of wine, 1,394 gallons of beer, 584 gallons of spirits, 5,394 gallons of coffee, cocoa, and tea, 1,364 gallons of milk, and 2,736 gallons of water.

—— PURGUEIRA.—The oil known among the Portuguese by this name has recently been subjected to experiments by Bouis. It contains about six per cent. of nitrogen, which, on distillation, is evolved as ammonia. As it possesses some of the properties of castor oil, and is obtained, like the latter, from a plant belonging to the spurge family (euphorbiaceœ), he was led to distil it with an alkali, and the result of saponification and distillation was an inflammable complex liquid having an aromatic odor. The portion passing off between 178 degrees and 180 degrees C., has the same composition as caprylic alcohol, which is found in castor oil. The plant yielding Purgueira was described by Adamson, more than a century ago, under the name of *Curcas purgans*. It abounds in some portions of Africa and in the Cape de Verde Islands.

—— Surgeon Phineas J. Horwitz has been relieved as Chief of the Bureau of Medicine and Surgery at the Navy Department, by direction of the President. Surgeon William Maxwell Wood, U. S. Navy, has been appointed Chief of the Bureau, and will at once enter upon the duties of the office.

[*Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

BABBITT—BRIGGS. In Lebanon, N. H., April 6, by Rev. A. C. Hardy, Dr. Darwin E. Babbitt, and Miss Alma E. Briggs, of Lebanon.

BINGHAM—CYPHERS. At Plymouth Church, Brooklyn, June 6, by the Rev. H. W. Beecher, Abial Mills Bingham, of Brooklyn, and Miss Nina, daughter of the late Dr. R C. Cyphers, Milledgville, Ga.

CHAPMAN—EUSTIS. At Memorial Church, Springfield, Mass., June 17, Dr. S. H. Chapman and Louise Eustis.

DAVIS—AULTS. At Maple Hill, June 24, by Rev. T. Beer, Samuel Z. Davis, M. D., and Miss Maze E. Aults, both of Jeromeville, Ohio.

DALY—COOPER. At Trinity Church, June 22nd, by the Rev. John Scarborough, Rector, W. H. Daly M. D., of Pittsburgh, and Athalia, eldest daughter of James M. Cooper, Esq., of Allegheny city.

FISHER—MINER. In Hudson, N. Y., at Christ Church, May 12, by Rev. W. R. Johnson, Rector, C. Fisher, M. D., and Miss Mary J. Miner, eldest daughter of the late Edward Miner, of Hudson.

HAGY—LIVINGSTON. At the United States Legation in Paris, June 8th, by L'Abbe Brunis, first vicaire of the Church of St. Germain l'Auxerrois, Dr. Joseph Livingston Hagy, of Philadelphia, and Grace Livingston, only daughter of Col. L. B. Livingston, of New York.

PIERSON—LANE. At the residence of Dr. Lewis Lane, at Tom's River, N. J., June 23, by Rev. W. W. Moffett, Mr. Charles A. Pierson to Miss Withelmina Lane.

STERRETT—LITTLE. On May 6th, in Carroll county, Indiana, by the Rev. James T. Patterson, Joseph E. Sterrett, M. D., and Miss Amanda S. Little, daughter of Alexander Little, late of Cass county, Indiana.

VANDENBERGH—ELTINGE. At New-Paltz, N. Y., June 24, by the Rev. Dr. Peltz, Dr. D. W. Vandenbergh of Ilion, N. Y., and Kate Eltinge, daughter of Edmund Eltinge, Esq.

WALL—PHARES. At the residence of the bride's father, Newtonio, Miss., by Rev. P. S. Petty, Mr. Samuel D. Wall and Miss Josie V. Phares, second daughter of Dr. D. L. Phares.

WEIRICK—WILSON. In Williamsport, Pa., June 22nd, by the Rev. W. Simonton, assisted by the Rev. W. Sterling, William H. Weirick, M. D., of Deep Water, Mo., and Miss Hattie N., youngest daughter of the late J. F. Wilson, Esq., of Hartleton, Pa.

WHITE—DAVENPORT. At Wilton, Fairfield county, Conn., June 22, by Rev. W. L. Bostwick, Dr. Charles B. White, United States Army, and Mary A., eldest daughter of Judge George A. Davenport, of the above place.

WALLENS—JENNESS. At Woodstown, N. J., June 7, by Rev. S. C. Dare, M. W. Wallens, M. D., and Lizzie M., daughter of the late Mark Jenness, of Burlington, N. J.

DIED.

BARNES.—In Bath, Pa., of Lymtomatic Tetanus, Harry Barnes, only son of Dr. W. H. and Mrs. L. H. Seip, aged 1 year, 6 months and 2 days.

CAMPBELL—At Belfast, Ireland, June 14th, Dr. H. F. Campbell, late of Alleghany city, Pa., aged twenty-eight.

DE WITT—On the 8th inst., in this city, J. Wilson, only son of Dr. John W. and Fanny F. De Witt, age 5 months and 15 days.

GLOVER—In New York, July 5th, Ralph Glover, M. D., in the 72d year of his age.

HARTT—In New York, July 3d, LeBaron Botsford, son of Dr. H. LeBaron and Jennie M. Hartt, aged 2 months and 22 days.

WHITTELSEY—At Harlem, N. Y., on Saturday, June 19, Henry N. Whittelsey, M. D., aged 47 years, late physician to Nursery Hospital and the House of Refuge, Randall's Island, New York.

WOODWARD—In Castleton, Vt., June 20th, J. D. Woodward, M. D., aged 69 years.

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Original Department.

Communications.

VESICO-VAGINAL FISTULA—OPERATION BY NATHAN BOZEMAN, M. D.

Reported by M. J. Moses, M. D.,
of New York.

I was present by invitation of Dr. Nathan Bozeman, at an operation performed by him for the cure of vesico-vaginal fistula. The operation was done at the private institution of Dr. Bozeman, and was witnessed by Profs. Hamilton and McLean, and Drs. Sabine, Finnell, and several other medical gentlemen.

I am desirous of using your columns for the purpose of reporting this case, as typical, and one wherein the peculiar adaptability of Dr. B.'s appliances may be clearly shown. Dr. B.'s speculum, which I saw for the first time on the day of the operation, is constructed on purely mechanical principles, and is perfectly in harmony with the anatomy of the vagina and bony pelvis. The alæ of the instrument, by a simple mechanical principle, adjust themselves to the flare of the rami ischiæ. The relative adjustment is never lost, however much the blades of the instrument may be extended, the screw being so arranged that the vulva is put to distension exactly in proportion to the superior portion of the vagina. The intrument before introduction is a bivalve, and this fact renders its introduction perfectly simple, as it occupies scarcely more room than an ordinary anal speculum. The posterior depending vaginal wall and the perinæum are supported by a third blade, which easily adjusts itself, as soon as the operator introduces it into its place. Even without this blade the speculum is per-se self-retaining, but with the blade in position the pressure exercised upon *it* by the posterior vaginal wall and the perinæum fixes it perfectly.

The subject of this report was a Mrs. F—y, from Tompkins county, N. Y., and was admitted to Dr. Bozeman's private institution on the 13th day of April, 1869. Her case then presented the following history: She was 35 years of age, had had eight labors, seven of them very easy, but the eighth and last, occurring about eighteen months prior to her reception at the infirmary, had lasted three days, and was finally terminated by craniotomy. From this time she had lost all control over her urine. Examination revealed a fistule, occupying the whole bas-fond and trigone, and involving the cervix uteri, by a split running antero-posteriorly through the anterior and posterior lips, extending into the posterior cul-de-sac, and giving the cervix the appearance of being quartered.

The fistule would admit readily the passage of three fingers into the bladder, and had its left border contracted and tucking the upper margin under the lower, making it impossible to get a good view of the upper edge of the opening. This was remedied by a preliminary operation, which consisted of a division of the contracted border and the employment of tents, which resulted in bringing both borders on a plane, and entirely remedying the complication.

May 26, 1869.—In the presence of the gentlemen above named, the patient was placed in the right angle position, and firmly secured and supported by Dr. Bozeman's apparatus, and the speculum introduced. The vagina was an unusually capacious one, and clearly demonstrated the value of the speculum. The opening presented the appearance as above described, complicated by the prolapse of the superior fundus of the bladder, which puffed through the fistule. The patient was now put under the influence of ether, and the operation began. The process of paring was very

much retarded by the presence of the superior fundus of the bladder, necessitating the introduction of large pieces of sponge into the cavity of the viscus, intended to overcome this condition, by giving support to the upper portion of the bladder. The split portion of the anterior lip was included in this process of vivification, and at this stage of the operation a good sized vessel was wounded, whereby the manipulation was rendered difficult, the parts bleeding profusely. The application of ice and the pressure produced by sponges failed to arrest the hemorrhage, and it became necessary to use a more powerful styptic, in the form of ferri sub. sulph., applied by means of a sharpened stick, directly to the mouth of the bleeding vessel. This arrested the bleeding immediately, and the operation from this point proceeded as usual. The vivification of the edges being completed, Dr. B. proposed the employment of seven sutures, which were introduced, and Dr. Bozeman's button suture apparatus prepared. On drawing the edges together, their approximation directly transverse in the vagina measured two inches, and the button, which was $2\frac{1}{2}$ inches in diameter, presented a convexity below, and concavity above, being shaped like an arc of a circle. Before closing and securing the fistule a male flexible catheter was passed into the bladder and the parts thoroughly cleansed. The sutures were then secured and the patient placed in her bed, being allowed to pass from under the influence of the anæsthetic as soon as the last suture was secured.

Through the kindness of Dr. Bozeman I was permitted to follow up the subsequent treatment of this case, the history of which I hereto append in the form of a journal:

May 26.—On being placed in bed opium was administered in free doses, to control the bowels.

27th, 28th, 29th, 30th and 31st.—Tenderness over the region of the bladder, with some tympanitis. Continued opium.

June 1st and 2d.—The urine contains deposits of mucus. Pain and tympanitis subsiding. Continued opium.

June 3.—Removed button and sutures. The fistules closed from angle to angle completely. The urine to-day containing muco-purulent matter, tinged with blood. Bladder injected freely with warm water, twice daily, and dilutent drinks ordered.

June 3d to 6th. Condition same. No escape of urine per vaginam.

June 7.—Removed catheter. Union still perfect.

June 7th to 12th.—Everything continued as represented at last report. Urine still showing deposits of muco-pus, and treatment of diuretics and warm water injections being kept up.

June 12.—Urine escapes from a point opposite to where the styptic had been applied during the operation of May 26th. Dr. B. attributes this leak and the whole train of cystic symptoms to the use of this styptic. He believes the slough resulting from the application of the iron acting as a foreign body was contained within the approximated edges. This had lit up the fires of inflammation, and though the wound had healed on the vaginal surface, yet it had, possibly by formation of an abscess, opened a way to the bladder.

June 17.—Urine still escaping freely through the opening, which is very small. The cystic symptoms have entirely subsided since the opening appeared. Applied argent. nit. to the opening.

June 17 to termination.—From this time, the catheter being introduced to prevent distension of the bladder, and by the cautious application of argent. nit. to the opening, the little leak gradually healed, and by the 20th all escape of urine per vaginam had ceased, and only one abnormal condition remained. This was the inability to evacuate the bladder. This was justly attributed to temporary paralysis of the muscular coat of the bladder, resulting from the reflection of inflammation from its mucus lining. Mrs. F. was placed on the tr. of nux vomica, in 10 drop doses, increased to 20, which had the happy effect of remedying her trouble. From this time nothing occurred, and the case was discharged cured on Tuesday, June 29th, just one month and three days from the date of operation.

The progress of this case evidences the fact that failure oftentimes results from the most trivial accidents, and that for the thorough cure of a case of visico-vaginal fistula, the operator should not pass over the most paltry of these accidents, as unworthy of great care and attention.

Imperfectly performed operations have had more to do with bad results in visico-vaginal fistula than any other cause. This has sometimes been unavoidable from disadvantageous surroundings, but now this cannot be offered in extenuo, for I believe the numerous improvements in the surgery of the vagina, places

failure just within the limits of possibility. I have never before witnessed the operation of Dr. Bozeman, nor the application of his button suture, but having seen it must admit my thorough conviction of its efficacy. Dr. B.'s confining and supporting apparatus, his speculum, and button suture, fulfill every mechanical need, and reduces the operation to such simplicity that it can be undertaken without assistance.

The above case recorded is one of a class which often fails at the first operation by other methods. I refer to very large fistules. The button suture apparatus, acting as a *splint*, operates in these as well as in the smallest sized openings.

Dr. B. informs me that his statistics will show a ratio of from 92 to 94 per cent. cured; this to include in the calculation the unfortunate cases wherein surgical interference is useless.

CASE OF BOTH ARMS TORN OFF BY MACHINERY.

By W. J. Craigen, M. D.,

of Emporium, Pa.

About one o'clock, P. M., June 21st, Aaron C——, aged 7 years, passing out of a shower of rain, entered a steam mill, sawing lumber. He proceeded to an iron shaft, two inches in diameter, two feet above the floor, which was making two hundred and fifty revolutions per minute. Laying his arms over the shaft as if to swing upon it, his wet sleeve adhered to the iron. He was instantly drawn to the shaft, and hurled around by it with fearful rapidity. After a dozen or more revolutions, his feet striking the floor each time, both arms were torn off near the body, and he was thrown, perfectly nude, sixteen feet, against the edge of stairs, striking and gashing his head.

The arms and clothing remained wound around the shaft, and were removed with difficulty. The bones of the forearms were broken in numerous places, and were curved around the shaft.

Both humeri were splintered and broken off two inches below the head. The muscles and integument of the right arm were torn off in a circular form, one inch above the point of fracture. The muscles of the right arm presented a much greater laceration and unevenness in the solution of their continuity. The skin separated with a clean edge, crescentic in form, high up on the top of the shoulder, and over the dorsum of the scapulæ, around into the axillas, leaving what remained of the deltoid muscle exposed.

Both biceps were severed quite evenly at their thickest part, and lay down on the side of the thorax.

When seen, about 5 P. M., he had reacted from the shock, talked and answered readily; did not complain of pain, but said his arms burned while removing the sheet in which he was wrapped; was disposed to sleep when not conversing; not much hemorrhage; drank a great deal of water.

The accident occurred four miles away in the mountains, and as assistance was required, the operation was postponed until eight o'clock.

The left fragment was disarticulated. Scarcely sufficient tissue remained to cover the glenoid cavity. The skin was readily drawn together by sutures. The right stump had sufficient covering to make external and internal flap, without disturbing the articulation. Much trouble and delay occurred in finding and ligating the axillary arteries, which separated above the mass of torn and lacerated tissues.

While under the influence of the anæsthetic (equal parts of chloroform and ether), there was extreme pallor of the face, though the breathing was regular.

He reacted after the operation for a few minutes, called his mother, etc.; but soon began to sink, and in half an hour was dead. Whiskey was administered, and hot applications made to the extremities as soon as the operation was finished.

Keeping Volatile Liquids.

Chemists and others know well the difficulty of keeping very volatile liquids. Bottles of ether, for example, are shipped for India, and when they arrive are found to be more than half empty. The chemist sometimes puts a bottle of benzole or bisulphide of carbon on his shelves, and when he next requires it he finds the bottle empty and dry. The remedy with exporters is a luting of melted sulphur, which is difficult to apply and hard to remove. A new cement, therefore, which is easily prepared and applied, and which is said to prevent the escape of the most volatile liquids, will be useful information to many. It is composed simply of very finely ground litharge and concentrated glycerin, and is merely painted around the cork or stopper. It quickly dries, and becomes extremely hard, but can be easily scraped off with a knife when it is necessary to open the bottle.

Medical Societies.

FRANKLIN CO. (PA.) MEDICAL SOCIETY.

A stated meeting of the Franklin County Medical Society was held at Chambersburg on the 6th inst. The attendance was small; but the proceedings were harmonious and interesting.

The deaths of Dr. E. D. Rankin, of Greencastle, and of Dr. J. S. King, of Mercersburg, having been announced, the accompanying resolutions were reported and adopted:

WHEREAS, The ranks of our infant society have already been thinned by the fell destroyer, Death:

Resolved, That, while we bow in humble submission to the will of the Great Ruler of events, we deeply deplore the demise of Dr. E. D. Rankin, of Greencastle, and Dr. J. S. King, of Mercersburg, recognizing in them fully qualified and honorable members of our profession, and men who have endeared themselves to the communities in which they respectively resided by their many acts of disinterested charity.

Resolved, That we tender our condolence to the bereaved and greatly afflicted friends, and that a copy of these resolutions, after having been entered upon our minutes, be sent to the families of the deceased.

The Society, without a dissenting voice, passed the following resolution:

Resolved, That this Society approves the action of Dr. I. N. Snively, one of its members, in calling the attention of the Commonwealth to an alleged case of criminal abortion occurring within the sphere of his practice; that by so doing he complied with the demands of the profession and of public morality; and that it is the duty of every member of this Society to exert himself in bringing such henious crimes to the bar of justice.

Dr. Samuel G. Lane was requested to prepare an essay to be read at the next stated meeting.

Adjourned to meet in Chambersburg, on first Tuesday in January next, when an election for officers will be held.

EDITORIAL DEPARTMENT.

Periscope.

Tincture of Cantharides in Pyelitis.

Dr. EDWARD MACKEY, Joint Professor of Materia Medica, in Queen's College, Birmingham, has the following article in the *Brit. Med. Jour.*:

To Dr. Greenfield belongs the credit of having first drawn attention to the above subject; and his *Treatise on the Safe Internal Use of Cantharides*, published in London in 1706, contains some valuable observations, now not generally known. In our recent literature, good accounts of the disease may be found in Prout (*Diseases of the Stomach and Urinary Organs*, 3rd edit., p. 347) and in Roberts (*Renal Diseases*, p. 383); but neither there nor in any of a large number of authorities whom I have consulted do I find any notice of this remedy for it, except in Stille (*Materia Medica*, 3rd edit., vol. i, p. 381.)

The two following cases occurred to me some years ago, but I delayed their publication, in the hope of being able to support them by additional facts; but the disease is comparatively rare, and I relate them now, in the hope that a more extended trial may be given to the remedy, when the attention of the general body of the profession is redirected to it.

CASE 1. Agnes H., aged 34; married early; no children; by profession a musician. About the age of ten occurred the earliest symptoms she can remember, viz., smarting pain in the urethra, with frequent calls to pass urine, and violent pain in the right loin, darting downwards. After some days of suffering, she recovered for the time, but felt the same occasionally, though to no great extent, till the year 1862, when, being engaged to sing at Bristol, she caught cold. Then she had most severe smarting at the fourchette; pain up the urethra, made intense by the passage of urine, which became full of pus; and pain in the right loin. (Mr. Lang attended her; and, in addition to other treatment, removed from the meatus what seems to have been a vascular tumour, which had been cauterised once before.)

In the Bristol Hospital, under Dr. Fripp, she remained for four months, and by the end of that time was free from pain; the urine was clear, but she could not retain it longer than an hour.

At the end of the year 1862, she was in Leeds, when the above symptoms returned; and, in the course of the attack, she passed much dark blood *per urethram* for about a week. Later on, she was admitted into the Infirmary, when Mr. Teale sounded her for stone, without finding any; and she passed under the care of Dr. Hardwick, then of Mr. Wheelhouse. In addition to the other symptoms, paraplegia came on, and continued for two or three months. The part of her treatment that is most impressed on her memory is the application of three leeches to the fundament every other day for some time. It was nearly twelve months before she was able to return to her home in Birmingham (1864.) Afterwards, she continued to suffer more or less, and came under the care of a large number of practitioners in this town.

In July 1865, I first saw her as a dispensary patient. Her symptoms had been much aggravated

during the last few weeks; and she lay in bed with the knees drawn up. She had rigors at times, and thirst; there was much mental depression. She had constipation, but was able to take a fair amount of food, and there was not much emaciation. The menses were regular, always inducing aggravation of the nephritic symptoms. Her greatest torment was a constant call to micturition, occurring literally every ten or fifteen minutes, day and night. She had pain down the right leg, and often felt a darting pain along the course of the right ureter; then a sudden flow; then a severe smarting, "as of an ulcer at the neck of the bladder;" then relief. Once or twice every day, she had paroxysms of violent pain, referred to the right kidney and "passages." A specimen of urine, taken from twenty-four hours' quantity of about two pints, was pale, slightly acid, of specific gravity 1015, with a precipitate of pure pus to the extent of two to four ounces. *On some days, there were passed numbers of soft whitish rolls, narrow, about a quarter of an inch long.* She described them as "skins;" and, under the microscope, they were found to consist of tessellated or polygonal epithelium. There would be, at times, much fulness of the renal region when these did not pass; and relief and subsidence of the fulness would follow the excretion of a large quantity. As to her treatment, she had already taken a great number of remedies without much relief. I saw prescriptions of iodide of potassium, copaiba, alkaline diuretics, and anodynes in every shape. She found temporary ease from drinking infusion of althæa with acacia, and from hot baths and poultices; but, after inquiring into the effect of all the medicines she could remember, I found that she attributed good effects to a mixture containing one drop of tincture of cantharides, to be taken three times in the day. It had been prescribed for her by my predecessor and friend, Mr. G. Elkington, at the suggestion of our mutual friend, Dr. Dyce Brown; but circumstances had not permitted her to continue its use for more than six weeks. I began it immediately in sugared water; but her pains were so intense, that I gave her also chlorodyne once or twice a day (this she had had for many months before.) She took a colocynth and henbane pill once or twice in the week, and continued the althæa and poultices, but had nothing else as remedy. Soon I increased the dose to two drops of the tincture, and so gradually to fifteen, which she took thrice daily, well diluted. At the end of a fortnight, she was decidedly easier, and lay often as much as twenty minutes without a call to micturate. This frequency was the first symptom to be relieved; the discharge of pus continued, and the pain was bad. In September, the bladder was sounded, without detecting any stone.

We persevered with the use of tincture of cantharides, in doses varying from two to twenty-five minims, with occasional intermissions. After a time I found that it agreed best when administered with small doses of magnesia—the sulphate and carbonate. She was able to omit her stronger purgative; and, at the end of a few months, two and a half grains of soap and opium pill, once a day, replaced her chlorodyne.

In the course of two months, she was able to go down stairs; but the *urgency of her symptoms returned whenever the remedy was omitted for a few days.* She herself had great confidence in its power to relieve her, and saw the necessity for perseverance in its use, which she continued for upwards of two years, under my direction. Before the end of that time, however, she was able, when wearing an urinal, to do her work, and to make journeys almost as long as before her illness. The dose which she took at this time was often as much as forty drops three times in the day; and this without any ill effects whatever.

In September, 1867, the urine was straw-coloured, generally clear, though showing a deposit after extra exertion. She could retain it for two hours, and omit her remedy occasionally without any relapse. No "skins" had been passed for a long time. She seemed, in fact, fairly well, and took an engagement to sing at Leicester; this she accomplished successfully, and then started on her usual professional tour. For ten months she was actively engaged, and only required her medicine (the prescription for which she always carried with her, as a treasure,) for a week or so, during a slight relapse which occurred at Sheffield. In March, 1868, she carried through a harrassing lawsuit in Manchester, and seemed none the worst for it. In July, 1868, she was returning to Birmingham, when the train left the metals, and she was thrown violently backwards and forwards in a second-class carriage, striking especially her back. She felt the concussion much. Vomiting came on soon afterwards; and, next day, blood passed with the urine in red streaks and in small dark clots, and the urine was blood-red. She suffered also from general symptoms of illness. Her new medical attendants prescribed at first, at her request, her old remedy, but without relief, though its use was continued for six weeks, The passing of blood ceased at the end of the first week; but the urine continued to be scanty and offensive, and with much stringy deposit, differing thus from its condition when cantharides was useful to her. In September it showed crystals of triple phosphate; and her medicine was altered for the tincture of perchloride of iron with dilute hydrochloric acid, ten minims of each, but without benefit. She took also an effervescent alkaline mixture to allay the constant nausea. In November, she was seen by Mr. S——, her present medical attendant from the dispensary; and he informs me that she was then unable to sit up even for a few minutes, but that marked alleviation of the pain followed the use of mild diuretics. She was able to move about again

in the course of two or three weeks, and has gradually improved up to a certain point. She took at first the dilute acids with juniper; then the acetate of potash with juniper, in decoction of pareira; and continued also her effervescent saline, and opiate and aperient pills. In February, she began the bitartrate of potash with scoparium. At present (April,) she is able to go out a little, and can retain urine for half an hour, sometimes for an hour. The amount passed is about two pints in the twenty-four hours; it is slightly acid, of specific gravity 1008, with much purulent ropy deposit, no blood. The old "obstructive" pain, followed by passage of "skins" has occurred four times since the accident. She now suffers more aching throbbing pain than she formerly had over the left kidney and in the left groin, and has also pain over the position of the right ureter and in the "passages." This unfortunate present condition does not invalidate the evidence of relief afforded previously, but only suggests that some alteration has taken place either in the position of the calculi or in the kind of irritation existing; and proves, what is perfectly rational, that cantharides, though good in some forms of the disease, is not in all. Good, perhaps, it may be, in chronic irritation—not good in acute.

Case II. Jane E., aged 28, married, when a child had pains in the back and right side. She remembers that, at the age of sixteen, pus was noticed in her urine; and then she had frequent and painful micturition. During such attacks, she had vomiting, pain in the back, and general illness. In the intervals, she was able to continue her work as a servant. Later, menstruation came on, and occurred slightly every two or three months. At various times, she came under the care of many medical men, to some of whom the disease appeared to be "rheumatism," to others "unknown;" but both Dr. Wade and Mr. Schofield considered that it was "abscess of the kidney, probably from stone."

At the age of twenty-two, she married and had a miscarriage, then a premature confinement, then two living children. In January 1866, she had "inflammation of the bowels," and had been failing rapidly since. On September 5th, 1866, I saw her for the first time. She was much emaciated; her face was sallow, and bore an expression of constant agony. She had "nervous irritability," headache, vomiting, and cough, (no special lung-sounds), numbness of the right leg, and intense pain over the right kidney, worse at times, when the urine was almost suppressed. These paroxysms had come on lately, at intervals of only a fortnight. The urine was usually offensive, and contained much pus and some blood. I ordered her, at first, bismuth and magnesia, with a little morphia; quiet and nourishment, and baths. When the stomach symptoms were relieved, I added (September 15th) two minims of tincture of cantharides to the mixture. On October 6th, she was better, and increased her dose to three minims, congratulating herself that her bad attack had been deferred longer than usual. On October 8th, however, it began with intense prostration, pyrexia, and complete suppression of urine, with frightful pain. I stopped the above remedies, and gave opium with alkalies in effervescence, enemata, and poultices. On October 11th, she was exhausted, with sordes on the teeth, brown dry tongue, glazed eye, almost dying, when urine began to flow, and with it pus, and *many curious lumps, varying from the size of a pea to that of a hazel-nut, rolled up, soft, whitish outside, brown within, much like toadstools.* Many of the lumps contained gritty matter and small dark irregular masses, probably carbonate and phosphate of lime. On October 25th, she was able safely to resume three minims of tincture of cantharides thrice daily, in combination with quinine and a few minims of chlorodyne; and, under this treatment, she recovered more rapidly than usual. On November 10th, she had been up ever since, attending to her housework. She had continued her last medicine, and considered herself in better health than for many years. She had still frequency of micturition, pain over the kidney, and numbness of the legs, though in less degree.

She remained under my care for a month or two longer, without another bad attack. Then she was obliged to remove to some distance, and I did not see her alive again. I heard that she frequently expressed to her family her wish for more of the medicine last mentioned.

She died in April 1867, in one of her attacks; and Mr. Schofield who made an examination of the body, kindly invited me to be present. The ordinary results of former peritonitis were observeable. The left kidney was atrophied, and was little else than a sac containing a pultaceous mass of pus and mineral matter. The right kidney was larger, and contained several calculi of phosphate and carbonate of lime, possibly of oxalate. The ureters were completely obstructed.

In estimating the value of cantharides in these two cases, I do not omit consideration of the possibly good effects of other medicines taken during part or all of the same period—magnesia in the first case, chlorodyne, (containing morphia, cannabis, and capsicum) in both; only, I would record that observation convinced me that tincture of cantharides was the principal, if not the only, agent which gave marked relief to the renal symptoms at certain periods of their progress.

Ligature of the Innominate Artery.

Dr. Andrew W. Smyth, House Surgeon, Charity Hospital, New Orleans, gives the following account of an operation performed, in No. 66 of the N. O. *Jour. of Med.*:

The subject of the operation, William Banks, aged 32 years, was admitted into the Charity Hospital on the 9th of May, 1864, suffering from aneurism of the right subclavian artery.

The tumor, situated in the posterior inferior triangle of the neck, had reached the size of a small orange, and was four months in forming. The patient believed that the tumor originated from a strain which his arm received in the month of February, as shortly after that time it made its appearancc.

On the 15th of May, assisted by Dr. D. L. Rogers, of New York, Drs. Holliday and Boyer of this city, and Surgeons Bacon and Orten, of the United States Army, I placed a ligature on the innominate artery, a quarter of an inch below its bifurcation, and another on the carotid, an inch above its origin. Immediately after the operation, the temperature of the arm became increased, and, except slight fever, no other disturbance was noticed.

In forty-eight hours a very slight pulsation was discovered in the arteries at the wrist.

On the 28th of May, the ligature came away from the carotid artery, and on the 29th, fourteen days from the time of operating, a severe hæmorrhage occurred, causing syncope, and ceasing of its own accord; about sixteen ounces of blood was supposed to have been lost.

Slight hæmorrhage took place on the two following days, and, on the 1st of June, I filled the wound with fine shot, thinking that the pressure of the shot on the artery would aid in effecting its occlusion, and at the same time arrest the hæmorrhage.

On the same day, after the introduction of the shot, the ligature came away, by slight pulling, from the innominate artery.

On the 17th of June a portion of the shot were taken out, when hæmorrhage returned a few hours after, and the shot were immediately replaced.

Slight bleeding, however, occurred at intervals of two and fifteen days, and on the night of July 5th, a terrific hæmorrhage took place, exceeding in quantity the first on the 29th of May. The bleeding ceased, as in the first instance, from syncope.

Believing the hæmorrhage to come from the distal side of the ligature, and from the subclavian artery, the carotid having been tied, I determined on July 8th to ligature the right vertebral artery, this being the principal branch carrying a retrograde current into the subclavian.

As the operation of ligating the vertebral artery is one of some difficulty, I will give the exact procedure from my original report.

The head of the patient being thrown back and slightly turned to the left, an incision, two inches in length, was made along the posterior border of the sterno-mastoid muscle, commencing at the point where the external jugular vein crosses this muscle, and terminating a clavicle, the edge of the muscle being exposed and drawn to the inner side, the prominent anterior tubercle of the transverse process of the sixth cervical vertebra was readily felt and taken for a guide. Immediately below this, and in a vertical line with it, lies the artery. A layer of fascia was now divided, some loose cellular tissue with lymphatics, and the ascending cervical artery, were pulled to the inner side, and a separation was made between the scalenus anticus and longus colli muscles just below their insertion in the tubercle, when the artery and vein became visible; the latter was drawn to the outer side (this is important), and the needle passed around the former from without inwards.

On the morning of July 9th, thirty-eight days after their insertion, all the shot were removed with a pair of dressing forceps from the first wound; the shot were found to weigh two and a half ounces.

A marked decrease in the circulation of the arm was now apparent, the slight pulsation at the wrist disappearing; coldness and œdema supervened, and the brachial artery become occluded, feeling corded throughout its whole extent. I felt somewhat alarmed for the safety of the limb, but in a few days these unfavorable symptoms began to subside.

No further hæmorrhage took place after the second operation. The ligature came away on the tenth day, and the wounds soon healed. On the 15th of September, the patient felt entirely well, with the exception of weakness in his right arm, the use of which he was rapidly regaining. The aneurismal sac had almost disappeared.

At the present time, May 15th, 1869, five years from the date of the operation, the patient is enjoying the best of health, having gained nearly twenty pounds in weight during the last two years.* He has the full use of the right hand, although the arm is not quite so muscular as the left, and in every way the cure is complete and perfect.

At the time of writing the original report, September 15th, 1864, I was of opinion that secondary hæmorrhage would be prevented in future operations by ligation of the vertebral artery at the same time as that of the innominate and carotid arteries. In this, however, I was, without doubt, mistaken.

In May, 1866, Dr. M. M. Dowler, of this city, in the first number of the New Orleans *Medical Record*, published a report on the present condition of William Banks. He had been seen by Dr. Dowler, a few days before coming to the hospital, and, knowing the result of the previous operations for the cure of subclavian aneurism, the Doctor became interested on learning that at last, and on a patient that he happened to know, the innominate artery had been successfully tied.

To this circumstance I am indebted for a highly complimentary letter from Dr. Dowler, which is published with the report, congratulating me on the

* On May 6th, 1869, the patient was exhibited before the American Medical Association, at its annual meeting in New Orleans.

success of the operation. In this letter the following observation is made: "The success of your operation was clearly owing to your happy resolution in relation to tying the vertebral artery. But it appears to me, in reflecting on your case, that there is, coupled with this, another element to be accredited to your success; and that is, *your having tied it at the time you did, rather than at the time of the first operation.*"

I am convinced now that the interval between the operations was an important element in the success, and I am free to acknowledge that I was not the first to perceive it. I still think, however, that the interval between the operations need not be longer than the time required for the separation of the ligature from the innominate artery, say fifteen days, and, with care, compression would prevent a fatal hæmorrhage for at least this period.

I mentioned in my original report that the common carotid artery was found occluded after ligation of the innominate. This is reported in several of the fatal cases, and that I believed this occlusion resulted from the stronger retrograde current in the vertebral opposing that from the carotid, for these currents oppose each other in the subclavian when carrying on the retrograde circulation. If the anastomosis of the common carotid is not sufficient to carry a retrograde current into the subclavian after ligature of the innominate, it is highly probable that other communicating branches of the subclavian also fail to do so, and for the same reason.

It is a mistake to suppose that all the branches communicating with the distal end of a ligated artery enlarge and carry on a retrograde circulation. The retrograde currents through these branches, if we examine their direction carefully, will be found to oppose each other, and the stronger, from a more direct source, arrests the weaker current, and, not being sufficient to reverse it, occlusion of the branches carrying the weaker current, is the result. For this reason, during the fifty-four days that intervened between the two operations in the present case, the current from the vertebral artery must have occluded, probably, all the other communicating branches of the subclavian, and accounts for the fact that the brachial artery became occluded after the ligation of the vertebral. The axillary and subclavian are, no doubt, also occluded, and impervious, for no evidence of circulation through them is to be found on examination at the present time.

The longer, therefore, that the principal communicating branch with the distal end of a ligated artery is allowed to carry on a retrograde current, the more certain will all pressure of blood in the distal artery be removed by the ligation of that branch, and consequently the interval of time between the operation becomes of very great importance.

The ligation of the principal communicating branch with the distal end of a ligated artery, to arrest secondary hæmorrhage from it, is an entirely new operation (the present instance of ligation of the vertebral being, no doubt, the first), and it is one of some value to general surgery.

Report on the treatment of Delirium Tremens.

The *British Medical Journal* of July 3d, gives the following interesting and important result of the treatment of delirium tremens, in the hospitals of Great Britain:

It is interesting to note in the following report which gives a fair idea of the state of opinion in the profession on the subject, the great change which has taken place within the last few years in the treatment of delirium tremens. Instead of the heroic doses of opium, which were almost as a matter of course given in cases of this disease, opium is now used only by some physicians, and by them in comparatively small doses; the excessive treatment by alcohol has given way to more moderate measures and now it is given up altogether, or stimulants are administered in such small quantities, while judicious nursing, except on rare occasions, has taken the place of the strait jacket. It is satisfactory to find that all are agreed as to the great importance of abundant nourishment of the best kind, and perfect rest.

Charing Cross Hospital.—Dr. Salter's treatment is sedative, pushed to extremity, aided by stimulants, and, above all things, *feeding*. The results which he has obtained have been uniformly such as in his opinion, leave nothing to be desired.

Middlesex Hospital.—Dr. Goodfellow is not inclined, during the early part of the disease, to interfere greatly. His treatment is mainly expectant and dietetic, abudance of nourishing food being allowed. Should the urgent symptoms, however continue, subcutaneous injections of morphia, from a fourth a grain upwards, according to circumstances are given; and stimulants, spirits, or beer, as the case may be. The following mixture Dr. Goodfellow has found frequently of great service.

℞.	Quinæ disulphatis,	gr. ij.
	Chloroformi,	℥xx.
	Tincturæ cardamomi comp.,	ʒj.

To be taken in water every four or six hours.

If there be much febrile disturbance, a grain of opium with a grain of colomel is prescribed.

Dr. Murchison advocates no special rule, his mode of treatments depends upon the individual character of the case. Generally speaking, however he employes opium if there be no real affection, but if this be present he believes tincture of digitalis, in twenty or thirty minim doses, offer considerable advantages. He thinks stimulants in some cases useful, but he by no means employs them in all cases. Nourishing food and quiet are, however, invariably necessary.

ST. BARTHOLOMEW'S HOSPITAL.—Dr. FARRE always takes care to get the bowels open at first. He then gives opium; or, if the pupils have any disposition to contract, opium and antimony several time a day. If sleep be not induced by this means he uses cold affusion to the head. Wine or beer is allowed, if the pulse be low, or the skin perspiring. He has given half-ounce doses of digitalis in several cases without injury, but without marked benefit.

ST. THOMAS'S HOSPITAL.—Dr. PEACOCK has been lately employing bromide of ammonium in delirium tremens with very good results.

WESTMINISTER HOSPITAL.—The plan of treatment which, as a rule, Dr. FINCHAM adopts, is as follows. He cuts of at once all alcoholic stiumlants, and administers directly abundance of easily digested and nourising food—*e. g.*, three pints of strong beef-tea, and one of arrow-root and milk, given in divided quantities every two hours, as in a case of fever. If, by giving one or two pints of porter in the day, he can get food taken more readily, Dr. FINCHAM allows that quantity. As soon as possible, he urges the patient to take solid food, in the shape of meat, given as regular meals, with porter; continuing, at the same time, beef-tea, etc., in less quantity. Dr. FINCHAM gives no opium. If, at the commencement of treatment, the patient seems much exhausted, he gives ammonia; but, as a rule, prefers to give, as medicine, hydrochloric acid in some bitter infusion, in order to increase the appetite and assist digestion. If the patient have been drinking hard up to the time of his coming under treatment, Dr. FINCHAM has found, on several occasions, great and rapid improvement take place after the action of a brisk purgative—*e. g.*, calomel and colocynth, or a drop or two of croton oil. This must, of course, be followed by the due administration of nutritious food, etc.—Dr. BASHAM thinks that the treatment of delirium tremens cannot be easily reduced to a plan, as each case must be regarded as a separate study. The effect of fermented stimulants on the nervous system, when acting as a poison, although manifesting for the most part a series of morbid phenomena common to all, nevertheless require a marked modification of treatment in different individuals. Thus total absence of sleep, hallucinations more or less of one type, an excitable restlesss manner, complete loss of appetite or power to take or digest solid food, and very depraved alvine excretions, are the common typical symptoms of that disorder of the nervous system known as delirium tremens. The great object of remedial treatment is to allay or calm the excitable but exhausted nervous force. Sleep and rest are the points aimed at. But sleep will not follow the use of any one known agent. There are peculiarities, whether of the nervous system itself in each individual, or of the relation of the nerve-force to the other functions of the organism, which must ever shut out the idea of one remedy or one plan of treatment being entirely effective. It has ever appeared to Dr. BASHAM characterestic of a limited experience, to expect or to hold out the hope that any one special remedy will be universally applicable in this disease. Opium, digitalis, antimony, have their advocates; and, doubtless, occasional successful results follow their use in particular cases. Of these, opium perhaps has been most largely used—in many cases with great advantage. It oftens quickly procures sleep; and, with that result once obtained, the paroxysm may almost be pronounced to be at an end. But it is only in a certain class of cases that opium is thus immediately beneficial. Take a case of delirium tremens accompanied by a good deal of vascular meningeal excitement; hallucinations of the usual type; hideous images; mental aberation; irritable, excitable manner; nights without sleep; heat of scalp; suffused conjunctivæ, and pupils contracted; a sharp, quick, hard pulse. Give such a patient opium, and it will either poison him or bring on a deep comatose condition of great hazard; or, if the quantity given does not act thus, it adds to the excitement, and aggravates the system to a pitch little short of those of arachnitis. Now if, with proper discrimination, some ten, dozen, or eighteen leeches has been applied to the scalp, followed by a brisk calomel purge, and then a moderate dose of opium, a grain or twenty minims of Battly, probably a different and more favorable result will follow. The chief aim in the treatment of delirium tremens is to allay the present paroxysm and obtain sleep; and the best remedy to secure this can only be found by a careful estimate of the idiosyncrasies of the individual; and of the presence or absence of morbid complications in other organs or functions beyond those of the nervous system.

NETLEY HOSPITAL.—The system on which Dr. Maclean goes in the treatment of delirium tremens is, first to secure perfect quiet and seclusion for the patient, placing him under the care of careful and trustworthy attendants, who are instructed to use every means to calm and reassure the sufferer. The dangerous practice of forcing sleep by opiates he never under any circumstances follows; nor does he allow the blood of a patient already poisoned by alcohol to be still further charged by the use of stimulents. Instead of this, he insists on the administration of strong beef-tea at short intervals, to which Cayenne pepper has been freely added. Without the addition of pepper, the stomach will rarely retain the nourishment. Food is absolutely necessary. A man who has been drinking to such an extent as to bring on this formidable affection, has, nine times out of ten, been eating little or nothing. Dr. Maclean is a great advocate for a darkened room and careful nursing by judicious male attendants. Women cannot restrain patients who, in their terror at the imaginary objects of "horror" by which they are surrounded, are apt to be violent. He regards with

well founded disfavour the system of forcing sleep by large doses of morphia, and has seen more than one person die with all the symptoms of narcotic poisoning, who were thus treated.

Insensibility to Pain.

In some remarks on the case of James Parks, a recently deceased patient at the Taunton Lunatic Hospital, Dr. T. W. Fisher says in the Boston *Med. & Surg. Journal:* Probably no psychological fact is capable of such complete and startling illustration, as that of the endurance, or the loss of sense of pain, under certain mental conditions. From the time of Hipocrates, who first recorded insensibility to pain as a symptom of insanity, to the present, medical literature contains frequent examples of it. The attempt has even been made to show the existence of this symptom in the majority of cases of insanity. It is a fact that such insensibility occurs in some degree in most forms of insanity—and from various causes, which it is important to analyze.

For instance, there may be actual paralysis of sensation, a condition of true anæsthesia; or, on the contrary, sensation may be perfect, and the seeming insensibility be due to a careful repression of the signs of pain for a specific purpose, as in some cases of hysterical paralysis. Between these extremes come various degrees of indifference to pain, the result of mental pre-occupation in some morbid train of thought. There may also be the indifference of frenzy, the current of emotion admitting of no interruption, and the indifference of stupidity and dementia. The pain may be felt, but misinterpreted, by the diseased mind, and referred to some fanciful source, thereby being discredited.

In these and other ways, the exhibition of suffering among the insane is, to a large extent, prevented, and the utmost watchfulness is required on the part of medical attendants to discover the actual condition of parts and organs, of which, among the sane, the sense of pain is such a valuable index. Painful diseases, such as peritonitis and prostatic enlargement, may run their course with few of the rational signs. The pain from distention of the bladder often fails to give rise to any signs of suffering referable to that organ. Phthisis is quite uniformly a masked disease among the insane, being unaccompanied from the first to the last by pain, cough or sputa. The above remarks do not admit of a sweeping application, since many of the insane feel more acutely than others.

The most common cause of actual anæsthesia is general paralysis. In the early stages of this disease, before the loss of motion is very observable, it may be well marked. It renders the patient regardless of exposure to extreme cold, to burns, injuries and minor surgical operations. If under the influence of delusion at this time, self-mutilation may be deliberately inflicted. Pulling out of the intestines, gouging out the eyes, and sawing off the penis with a board, are a few of the eccentricities in which such patients may indulge.

Anæsthesia may likewise exist in melancholia being shown by indifference to cold, to the discomfort of lying naked on the floor, or of standing motionless from morning to night. Melancholiacs often resort to painful methods of suicide. Forbes Winslow relates a case of experimental suicide, in which the patient tried various plans, up to the point of unconsciousness, with the humane intention of recommending the best to his fellow-sufferers! In dementia, the indifference to pain depends upon the extent of the mental obscuration. In mania, the condition bears less resemblance to anæsthesia; or if it is of this nature, the state is transitory and fluctuating, according to the rate of cerebral currents. Motory activity, however, is not always a safe index to the rate of psychical processes. The maniac may be outwardly calm, and perhaps coherent, at the moment when his mind is at its intensest point of activity. In this state there is no room for the consciousness of pain, and the patient may disregard the existence of severe injuries with a *sang froid* truly deceptive. I have seen such an one chew the burning ends of a card of matches with apparent relish.

This indifference to suffering is not, however, solely characteristic of insanity, since it is but an exaggeration of conditions not regarded as altogether abnormal. I need only mention the convulsionaries of St. Medard, victims of one of those moral epidemics in which religious ecstacy produces an abolition of pain, with a wonderful exaltation of the power of endurance. The book of Martyrs furnishes many examples of a similar kind. A like condition obtains among the heathen and savages who use self-torture as a propitiatory exercise. There is a state of anæsthesia resulting from extreme peril, in some instances, of which Dr. Livingstone's account of his sensations while in the jaws of a lion is an instance. But war furnishes, on a large scale, the best examples of endurance and disregard of suffering.

The emotions developed during a battle are various. In a few constitutionally timid natures, they are of the most distressing character. Fear is imprinted on every feature, and every limb is a tell-tale. The term *demoralized* is strictly and scientifically applicable to such cases. In one instance under my own observation, an attack of mania was induced. A soldier, under unexpected fire for the first time, suddenly clubbed his musket and struck out furiously among his comrades, yelling all the while as if in the midst of the enemy. On being led out of the fight, the delirium subsided, leaving a condition of stupor which lasted several hours. He subsequently became a good soldier. In the same fight a young man became so exhilerated as to offer to stand guard all night, on account of his sleeplessness, the rest of the regiment being completely exhausted. He has since died of apoplexy.

In the mass, the excitement does not exceed the limits of self-control, but serves to keep each man up to his duty, and makes all more or less careless of danger, and indifferent to ordinary wounds. This is especially the case if the fight goes well. For instance, a soldier lies in an ambulance, with a bullet among the bones of the tarsus, shouting, "Dig away, Doctor, and damn the pain! we've licked 'em!" Or a delicate drummer boy, with a large flap of integument torn from his knee, requiring tedious dressing and many stitches, asks meanwhile for a pencil, to make notes in his diary of the occurrence! On the other hand, a fellow, with all the signs of cowardice, comes up with the right fore-finger shot off, and an empty gun barrel. A self-inflicted wound is diagnosed, and amputation at the joint proceeds, amid contortions and frantic exclamations of pain, while all around lie the severely wounded, with scarce a groan among them.

Such strong contrasts illustrate forcibly the influence of mental conditions upon sensibility to pain. It is a common error to enlarge the sphere of consciousness beyond its true limits. Consciousness and cerebral activity are by no means co-extensive. Not only do organic processes and automatic actions go on unperceived, but unconscious trains of associated thought occupy the mind largely, awake as well as asleep. A certain degree of intensity in a nervous impulse seems necessary to a sense of consciousness, though of the laws which govern this matter we know little, and have slight control. Ideas and sensations rise into consciousness apparently at random, when not evoked by a direct effort of the will, or forced on the mind by their intensity. Pain is a sensation which in ordinary states has an element of intensity sufficient to excite the attention powerfully, but in abnormal conditions the brain seems under the absorbing control of centric agencies. Whatever these agencies are, whether changes in the circulation, or the cell nutrition, or the nervous currents, the results resemble, to some extent, artificial anæsthesia. Nature, however, more skillful than man, applies her anæsthetics so delicately as to produce more exact localizations of effect.

In the more permanent anæsthesia of insanity, we look for more visible and lasting changes of structure, such as atrophy of the nervous elements, abnormal growth of the connective tissue, or varicosity of the capillaries.

Treatment of Pneumonia.

In the N. O. *Journal of Medicine*, Prof. HAWTHORNE has the following remarks on this subject:

No exclusive plan of treatment for pneumonia was pursued or recommended. Two cardinal points were kept constantly in mind, viz.: 1. The *natural history* of the disease: (a) stages in its progress; (b) duration of attack; (c) strong tendency of uncomplicated cases toward recovery. 2. Manner of death: *chiefly by asthenia.* It was urged that each *patient* was to be treated, *and not his disease.* Symptoms were closely watched, and every source of disturbance or depression, as far as possible, guarded against, modified, or counteracted. When, during the early stages, the inflammation, however limited in extent, was intense (its intensity judged by the amount of general disturbance, as the frequency and *force* of the pulse, hurrying of respiration, pain, cough, insomnia, etc, measures of a sedative character, and consequently conservative of the patient's strength, were adopted. Pain was looked upon as an important element of depression, and was relieved by dry cups over its seat, the administration of anodynes, and the use of an oil silk jacket covering the entire chest. Much value was attached to this latter measure for its soothing and gently sedative influence. Preventing evaporation from the surface, as well as radiation, it supplies the essentials of a poultice—warmth and moisture. It is much preferable to a poultice, for the reason, especially, that it does not require, as does a poultice, frequent removal, thus occasioning exposure of the surface to sudden alterations of temperature. In the chest complaints of young children, it answers an admirable purpose. It is to be worn next the skin, and is very easy of application. Sleep was looked upon as essential, and if this did not come spontaneously for several hours in every twenty-four, it was secured by opiates. I am satisfied that the indispensability of sleep, and the exhausting effects, in all diseases, of a lack of it, are overlooked by many physicians. It is only during sleep—rest—that repair of the nervous system gets in advance of, or equals, waste, and when to the natural exhaustion of merely being awake—*i. e.*, alive to impression—is added the wear and tear from acute disease, failure of the vital powers, which have so direct a dependence on the nervous system, necessarily progresses with great rapidity. We all know the unpleasant effects of the loss of a nights' rest even in health, and though in many acute diseases the patient, while under some unnatural influence seems to get on well enough for awhile without sleep, yet when that stimulant is withdrawn, as in the sudden subsidence of a fever, prostration is often extreme, and not infrequently fatal. A bad result might often be guarded against by securing, at the proper time, through artificial means, rest and recuperation of the nerves. Nothing can altogether supply the place of rest to the system at large, and insomia is a serious complication of any disease.

For the control of excessive vascular excitement, sedatives, both arterial and nervous, were administered. By opium the irritability of the nervous system, on which so greatly depended the cardiac disturbance, was diminished, and by an arterial sedative (as tartar emetic, the one generally preferred,) the heart's action was more directly controlled.

This was regarded as very important, and tending in a positive degree to protect the patient's strength. Only such depressing agents should be used, however, as are easy of control, and the influence of which can be readily limited, for it is never to be forgotten that the *tendency to death in pneumonia is chiefly by exhaustion.* The administration, then, of sedatives in the earlier stages is not incompatible with a belief in the value of, and frequently the necessity for, a resort to stimulants and actively supportive measures later in the same case. The indication for the use of stimulants was carefully sought for in the condition of the patient. Nutritious diet, unstimulating at the beginning, as arrow root, milk and lime-water, and, later in the disease, beef tea, etc., as the state of the patient seemed to demand, was thought necessary throughout. But resort to alcohol was had always with care. It is impossible to specify the precise conditions which call for its use, but, besides general evidences of failure, among the most unmistakable is a lack of proper *force* in the pulse, with or without increased frequency. From the strong tendency in the practice of the present day towards a "renewal of life" in every disease, there is no doubt that alcohol is rather indiscriminately, and often injudiciously given. So strongly has this "renewal" idea taken possession of the medical mind, and so thoroughly does it impregnate our teachings, that we are in much danger of mistaking the better means of carrying it out. Students now-a-days very soon acquire the habit, when asked what they would do in any emergency mentioned, of answering, "give good diet and stimulants," or "stimulate the patient," supposing, when in doubt, that the chances are vastly in favor of such suggestion being approved. The administration of alcohol requires as much discrimination as that of any other medicine. Being an active, potent substance, its capability of evil is great. A familiarity with its habitual inhibition is apt to diminish our respect for its power, and, because its effects are not always palpably and immediately bad, we come to regard it as an agent not likely to do any harm, if it does no good. I have always urged its cautious use with the sick. Many cases occur to the careful practitioner, in which the call for it is extremely questionable, and at such times it must be given as we give other strong medicines, experimentally, closely watching its effects. It cannot, with propriety, not even with safety, be substituted for the positive and natural nutritive substances. Its own influence on nutrition is, very probably, almost exclusively negative, and consists in taking, in part, the place of the tissues in the process of oxidation. It should, then, be given in diseases only as supplementary and auxiliary to food, *its value, in any particular case, being in proportion to the degree of depression of the nutritive powers.* I am in the habit of withholding it altogether throughout many cases of acute disease, and, when prescribing it at all, doing so with the same circumspection that I would give calomel, aconite, or vertrum viride.

The above is a sketch of the general plan which both reason and experience seem to justify as best in the treatment of pneumonia; of course it is *very* general, but it could not be made more definite without the danger of originating misapprehensions. Every one, in order to be trusted to practice medicine at all, should have sufficient knowledge of the nature of disease, and the action of remedies, to be able to make modifications of treatment in any particular case. That system of medical writing and teaching which consists in giving in order the causes, symptoms, diagnosis, pathology, and treatment of the different diseases, all dove-tailing together with as certain a result as follows the multiplication of two by two, without making clear either the connection between symptoms and pathology or the distinct purpose for which each prescription is given, fails in the chief purpose of instruction, viz., to assist one to become an intelligent and independent practitioner.

A matter of as great or more importance than the giving of medicines to a pneumonia patient, is a proper attention to the discharge of the different functions, and the removal or prevention of all sources of disturbance or discomfort. The bowels should be emptied by enema when they do not move once a day of themselves. Fluid should be allowed, (cold water, if desired), and gentle diuretics given, if necessary, to keep up the activity of the kidneys. Noise should, if possible, be suppressed; conversation with the patient abstained from, and light excluded, in a great measure, from the room. While in the Confederate States Army I adopted, with great benefit, the isolation of patients suffering from pneumonia, and was accustomed to place them in a dark, but well-ventilated apartment, kept at a moderate temperature, and to require the nurse to remove his shoes, (when he had any,) go as to avoid noise.

I have said nothing of a plan of treatment of pneumonia still in vogue in most parts of this country, that by calomel and opium, and the application of blisters. I mention it now only to say that, in my opinion, nothing but harm can come of it. I have been often told that patients in the country districts require it, however little we may find it necessary in our "hospital subjects." In this there is, to me, a great fallacy, and has just as much truth in it as that the "type" of diseases has changed of late.

It is a notorious fact that, during the late war, regiments in our army which came from the country, and which were supposed, at the beginning, to be so capable of endurance, were decimated by disease; while those from the cities, made up of Irishmen and other foreigners, picked up about the levees, and taken from steamboats, back streets,

etc., the very class from which our hospital patients come, suffered infinitely less. The truth is, that, in the South, the population is far from vigorous, and this, in my estimation, is due, in a great degree, to the lack of variety in diet. Salt meat and corn bread constitute the staple articles of food, many going for months without fresh meat or vegetables. Every one who has had anything to do with sick negroes on plantations, will remember how readily the most muscular and fattest of them succumb to acute diseases. The explanation seems obvious—the lack of a proper variety in diet. Although vigorous in appearance, their vitality is really feeble.

I must conclude, then, that calomel and opium are at least as little required in country as in hospital practice, and never forgetting that the tendency to death in pneumonia is chiefly by asthenia, calomel should be rejected. Whatever good might follow the prescription should be attributed solely to the conservative influence of the opium.

Blisters in pneumonia I regard as essentially bad. They are incapable of arresting the inflammation, and, after their first action, they cease to be counter-irritants especially, become irritant to the system at large, and, consequently, sources of depression. Another and a stronger objection to them is, that we cannot avail ourselves of their active counter-irritant influence by frequent repetition. For my part, I have rarely or never applied a blister without afterwards regretting it. I prefer turpentine stupes or mustard-plasters, when such agents are demanded. We may avail ourselves of the good effects of these as often as is requisite, while we avoid the bad.

It is extremely common in the South and Southwest to give large doses of quinine in pneumonia, as well as in most other diseases, under the vague fancy that everything is imbued with malarial poison. This practice I frequently took occasion also to condemn. In the first place, all medicines are evils of themselves, though sometimes indispensable ones; and, in the next, quinine, in such doses as it is usually given among us, is a powerful general sedative. By it the stomach is disturbed; the appetite destroyed, digestion upset, the nervous system is somewhat durably depressed, and the system at large much debilitated. The *habit* of giving quinine is a very bad one. Without it there are many physicians who seem unable to make a prescription for any disease whatever. When they don't know what else to give—and in nine cases out of ten when it is not necessary to give anything—they "give a little quinine." No medicine should be ordered at any time unless good ground exists for believing it indicated, and the loose way of dealing out drugs which is indulged in by many practitioners, is extremely reprehensible. When quinine is *required*, give it, and at no other time.

Memorial to Faraday.

A public meeting was held recently in the theatre of the Royal Institution—His Royal Highness the Prince of Wales in the Chair—to consider what means should be taken to raise a monument to Faraday. There was a large and very distinguished attendance, including, amongst others, M. Dumas, (who last week received the Faraday Medal of the Chemical Society,) Sir John Lubbock, Mr. Graham, General Sabine, Sir Henry Holland, Dr. Lyon Playfair, M. P., Sir Benjamin Brodie, Dr. Bence Jones, Professor Owen, Professor Miller, Mr. Cæsar Hawkins, and Professor Frankland. His Royal Highness expressed the pleasure he felt in presiding over such a meeting. He referred to the unsuccessattempt made to get Government to erect a national monument to Faraday, and the circumstances which led to the present meeting. Three resolutions were proposed and unanimously carried: That a public memorial be provided; that a committee be elected to take measures for the provision of the said public memorial (the names of the members of committee, most of them presidents of learned societies, were mentioned in the resolution;) and that a subscription, not exceeding five guineas in amount from any one person, be made. We trust that the rumour is incorrect, that poor Faraday's memorial is to take the shape of a statue, and be stuck in some dingy corner in St. Paul's Cathedral. We should have thought that such a barbarous mode of treating a man like Faraday would have found little favour among scientific men.—*Brit. Med. Jour.*

An Act of Self-Sacrifice.

The *Imparziale* of the 16th ult. writes as follows: On May 31, died at Turin the Surgeon Panizza, victim of a generous act which would have deserved a better fate. Being present at the fall of a house of five stories, and perceiving that a female infant had not been removed, he rushed to save her, taking no care for himself. In a few moments, however, there was a violent crash, and the generous Panizza remained a victim under the ruins, from which he in vain endeavoured to rescue the child. Twenty-six hours elapsed before his body could be removed. It was found embracing that of the child for whom he had sacrificed his life. His fellow-citizens and professional colleagues in Turin have undertaken to provide for his family, and to transmit his name to posterity in a manner worthy of so great an act of self-sacrifice.

——Dr. Ebenezer Woodward, of Quincy, Mass., has bequeathed almost the whole of his large estate to found a Female Institute in Quincy for the education of girls born in that town.

——The Trustees of Girard College having decided to supply that Institution with earth closets, the City Council of Philadelphia have appropriated for the purpose $2,500 from the income of the Girard estate.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 20.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Treatment of Chorea.

J. M. Da Costa, M. D.

176. ℞. Zinci valerianatis, gr. ij.
Cinchoniæ sulphatis, gr. j.
For one pill, ter die.

Frequently a partial loss of power in children coincides with the setting in of chorea—a sign of debility of the nervous centres, particularly of the spinal cord, and to be treated by antispasmodics conjoined with tonics, as in the above recipe.

177. ℞. Cupri ammoniati, gr. ¼.
In pill, ter die, to be gradually increased to gr. j.

178. ℞. Ext. cimicifugæ fluidi, gtt. xx.
For one dose, three times a day.

Thomas King Chambers, M. D., etc., London.

179. ℞. Liq. potassæ arsenitis, ♏. v.
Ter die, to be increased to ♏. xvj. Also cod liver oil and iron, if indicated by the general condition.

Injudicious management of patients afflicted with chorea frequently protracts the case. One of the most common forms of injudicious management is the fixing of the patients' attention upon their infirmity, by telling them how bad they are, offering unnecessary help, etc. They should be encouraged to make every exertion to direct the movements of their limbs; as by slow walking to music, carrying trays and crockery, and other things that demand care. In order that their attention may be withdrawn from their deficiencies, looking glasses and the distressing sight of other choreics should be avoided. They should be got away from home as soon as possible. Sent under the care of a judicious person to the sea-side, or anywhere else for an excuse, children often recover rapidly, whereas had they remained at home, they would have continually relapsed.

Thomas Hillier, M. D., Lond., F. R. C. P., etc.

180. ℞. Liq. potassæ arsenitis, ♏. ij.
Potassæ bicarbonatis, gr. iij.
Potasii iodidi, gr. ij.
Aquæ camphoræ, f.℥ss. M.
For one dose, ter die, to children aged five, for aggravated chorea, attended with severe pains in the limbs, and rheumatic periosteal swellings. Arsenic in full doses is a valuable remedy in a fair proportion of cases, but in some instances it entirely fails. Iodide of potassium is useful when the patient is subject to chronic rheumatism.

Occasionally purgatives and tonics, especially iron, are attended with much success. Strychnia, so highly recommended by Trousseau, seems, to our author, to be highly injurious in the acuter stages of the disease; in the more chronic form, and where there is a tendency to paralysis, it is of service. Iron and strychnia may be combined thus:

181. ℞. Strychniæ, gr. 1-32.
Vini ferri, f.℥ij. M.
For one dose, ter die, to a child ten years of age.

Narcotics such as opium, belladonna, cannabis indica, or conium, are of little or no use. Anti-spasmodics, such as valerian, and assafœtidæ, are also useless.

Our author has seen good results from the employment of baths of sulphuret of potassium.

182. ℞. Potassii sulphureti, ℥iv.
Aquæ, (90° F.) C. xxx.
For a bath, the patient to remain in it for an hour daily.

Gymnastic exercises, shampooing, and passive movements are of service. As many muscles as possible should be exercised, without fatiguing any of them. Shower-baths are useful in the latter stages, when the patient is not too timid, or too much excited by them.

Thomas Hawkes Tanner, M. D., F. L. S., etc.

183. ℞. Zinci phosphatis, gr. xx-xl.
Acidi phosphorici diluti,
Tincturæ ferri chloridi, aa f.℥jss.
Aquæ menthæ piperitæ, q. s. ad f.℥vj.
Two table-spoonfuls ter die. M.

The only plan to be followed, in treating chorea, consists in regulating the bowels, subduing irritation, and strengthening the system. For the first purpose, calomel and jalap, or, when worms are suspected, oil of turpentine may be employed. A combination of tonics or anti-spasmodics, with purgatives, is often serviceable. The two great remedies are the cold shower, or douche bath, and iron. The former should be employed every morning, on the patient's rising. Cod-liver oil is generally useful, administered with tonics. Mental excitement should be guarded against, and nutritious food and exercise in the fresh air insisted upon.

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

Savage Thought in Modern Civilization..

The *Medical News* copies the following from the *Medical Times and Gazette:*

There have been few lectures of greater interest this season than that delivered at the Royal Institution on Friday evening, April 25, by E. B. Taylor, Esq. Two years ago he delivered a lecture on the Early Mental Condition of Man: and dealing with his subject from a different point of view, he now, taking for granted a rude early condition, shows how much of savage thought exists in our most highly civilized societies. One of the most interesting portions of the lecture dealt with the subject of spiritualism, an offspring of animism. This doctrine, which is now being revived among us, he shows to be universal among savage tribes. The savage, in common with the spiritualists, believes that physical efforts are brought about by spiritual beings. He believes that his conjuror has special means of corresponding with these spirits, which he himself does not possess, just as a medium is looked upon by his followers as their agent with the spirits. The rope trick is an old and well-known one among the North American Indians and natives of Siberia. Table-turning was known 150 years ago in Central Asia. The feat of rising in the air is familiar in Buddhism and in the lives of the saints. Even rapping as a means of communication with the spirit world was reduced to a system, the same as now prevails, in the middle ages. Spirit writing is practiced among the Chinese as in London and New York. In short, a medium is a relic of barbarism, the introduction into our nineteenth century culture of the philosophy of the savage.

Another topic of interest handled by Mr. Taylor was the subject of modern games of chance, as a survival of the notion that the die was under the guidance of a spiritual agency; lots, a direct means of ascertaining the Divine will. Fortune-telling by means of cards is not dead among us, and the most religous people will not unfrequently seek guidance by a chance opening of their Bible. Both belong to the same order of thought. The notion of charming away a disease is somewhat similar. The disease is looked upon as an entity—a spirit which may be enticed to leave its quarters, and so release the sufferer from his complaint. Toothache charmers are not uncommon in different districts, and worthy clergymen will sometimes believe in their own power to heal diseases by the laying on of hands. Many ceremonial acts, especially in religion, take their origin in this animism. Symbolical purifyings by fire and water are examples. These may be thought to be hygienic, but they are probably most common among nations which care least for personal cleanliness. The Christian rite of baptism partakes of this nature. The last subject discussed by Mr. Taylor, was the associations with the east and the west, the rising and the setting of the sun. He shows that the position of our churches is associated, though remotely, with the worship of the sun, whilst the position in which many nations bury their dead is also influenced by the rising and setting of the luminary. As Mr. Taylor remarked, illustrations of the survival of savage thought in our modern culture might be indefinitely multipled; but the above illustrations will suffice to show that this survival or revival is more frequent than we should have believed.

Prophylaxis of Scarlet Fever and Measles.

Dr. J. C. PETERS makes this suggestion in the *N. Y. Medical Gazette:*

It often becomes necessary or desirable to give some remedy which is supposed or believed to be preventive, or ameliorative of these diseases. Belladonna is unreliable in small doses and dangerous in large quantities. Besides, its effects are so similar to those of scarlet fever that the physician may be plunged in doubt as to which is the effect of the remedy, and which of the disease, when it has been given antecedently, both long and frequently. I have seen many children escape after great exposure to scarlet fever without the use of any prophylactic, or precautionary treatment; and I have seen it occur in a malignant and fatal form after Belladonna had been given regularly for two or three weeks before the occurrence of the attack. I now never use Belladonna to prevent scarlet fever, but rely entirely upon the sweet Spirits of Nitre. This is a mild and safe remedy which can complicate the disease in no possible way. It lessens the fever and restlessness, and prevents the occurrence of disease of the kidneys. As a diuretic it may eliminate the poison so rapidly and completely, that the system cannot become affected, nor the disease reach its full and fatal development. Comparative experiments prove that it is more reliable than Belladonna, and far more safe.

The Asylum for Idiots at Earlswood, England.

The *British Medical Journal* says:—The first stone of an additional block of buildings in connexion with the Asylum for Idiots at Earlswood was laid, in June, with the usual ceremonies, in the presence of a very large concourse of people, by His Royal Highness the Prince of Wales, who was accompanied by the Princess. Four hundred purses, each containing five guineas, were laid on the stone as offerings for the benefit of the institution; and the Prince of Wales presented a cheque for one hundred guineas. The new wing, which is intended for the accommodation of three hundred new inmates, will, it is estimated, cost £12,000. A daily contemporary gives the following numerical statement of the intellectual condition of the inmates of the asylum.

"MALES.—*Speaking:* 64 can speak fairly; 36 can speak indistinctly; 30 can make a few sounds only; 16 do not speak at all. *Reading:* 20 can read fairly; 20 can read by spelling the words; 16 know nearly all the letters; 39 know a few letters; 51 know none of the letters. *Writing:* 22 can write sentences in copybooks; 20 can write easy words; 21 can make a few letters; 52 can make strokes and the letter O; 31 scribble or make no attempt. *Arithmetic:* 7 can do small sums by themselves—1 in fractions, 6 in the simple rules; 20 can add from blackboard, and count above one hundred; 20 can count above fifty; 18 can count above twenty-five; 53 can count a little; 28 not at all.

"FEMALES.—*Speaking:* 48 speak fairly; 34 speak indistinctly; 28 only make sounds; 35 do not speak at all. *Writing:* 13 write in copy-books; 10 write copies on slates; 26 write letters on slates; 54 form strokes and O; 42 have no idea whatever. *Reading:* 15 read very fairly; 28 by spelling the words; 34 know some of the letters; 67 know none of the letters."

These results and other similar ones—which would not have been nearly approached, had the idiots been left to less care than that which has been bestowed on them—have been produced by the unwearied labours of the officers of the asylum, among whom the late superintendent, Dr. Langdon Down, holds a most honourable place.

Artificial Coloration of the Electric Spark.

Mr. E. Becquerel has shown that the electric spark may be diversely and beautifully colored by being made to pass through saline solutions. If an electrical spark from an inductive apparatus be made to pass into the extremity of a platinum wire suspended over the surface of the solution of a salt, this spark will acquire special coloration according to the chemical composition of the solution traversed. The saline solutions are best concentrated and the platinum wire positive. The experiment is readily performed in a glass tube.

Salts of strontia will color the spark red; chloride of sodium yellow; chloride of copper blush green, etc.

The light from these sparks, analyzed by the spectroscope, furnishes a method for the determination of the nature of the salts contained in the solution.

Wanted---Good Water, and Plenty of It.

As an evident proof of the greatly advanced desire to procure for domestic purposes good and pure water, and a plentiful supply thereof, it is interesting, says the *Chemical News*, to learn that within the last five years the under-mentioned wells have been bored, some of them at very great expense. At Antwerp, to a depth of 165 meters below the surface; at Ostend, 300 meters; at Oeynhausen, Prussia, 696 meters; at Mondorff, Grand Duchy of Luxemburg, 730 meters; at Passy, France, 624 meters; at Rochefort, Charente Inferieure, France, 816 meters (this is the deepest bored well now existing in Europe). At Grissee, Soerabaya, Java, a well has been bored to the depth of 549 metres through hard rock. The deepest boring in Holland has been carried to a depth of 182 metres below sea level at Gorkum, at which depth in that locality, the tertiary formation has been reached, but water only of very indifferent quality; with this exception, all the above-named wells yield water in abundance, and of great purity. As our younger readers may wish to reduce the given depths to feet, for the purpose of comparing them with the depth of some of our own wells, we may remind them that the meter is equal to 3·281 feet.

Correspondence.

DOMESTIC.

Substitute for Dover's Powder.

EDS. MED. AND SURG. REPORTER:

For more than twenty-five years a bottle of Dover's Powder has stood unused on my shelves; not having diminished aught in the time. Its extremely nauseous and offensive taste, especially to the fastidious and to children, led me to seek a substitute. The sulphate of potash used in the combination, appears to have been taken to promote the minuter division of the particles of the opium and ipecac. in the process of trituration. Its medicinal qualities are quite insignificant, insufficient to justify inflicting it unnecessarily on the sick. At any rate its offensiveness to my patients induced me to lay it aside and to devise the substitute, which I have ever since used, and which seems to answer equally well, every indication, and does not so offend. The camphor modifies pleasantly its taste and its effectiveness. It is as follows:

MODIFED DIAPHORETIC.

℞.	Opii, pulv.;	ʒj.
	Ipecac. pulv.,	ʒss.
	Camphor. pulv.,	ʒij.
	Saccharum,	ʒiv.

Mix thoroughly.

The foregoing has about a grain of opium in eight grains of the powder. I often use sul. morphia, in due proportion, instead. Omitting the opiate altogether, where contraindicated by intolerance or other cause, the residue combination, camphor and ipecac. is a convenient diaphoretic, in six or eight grain doses; pro re nata.

In regard to rejecting the ipecac altogether as suggested by your correspondent H. H. in your number for July, the idea is quite new to myself, and

after the long and extensive use, which has been made of it as a diaphoretic in combination with opium, by the whole profession, I should hesitate before coming to such a conclusion.

The formula substituted for Dover's Powder by your correspondent, G. H. H., and termed by him Dr. Brinsmade's Diaphoretic Powder, viz.:

℞.	Morph. sul.,		ʒi.
	Camphora,		
	Cret. prep.,		
	Saccharum	aa.	ʒxx.

must be a good anodyne. The chalk strikes me as being unnecessary, being added, doubtless, to prevent concretion, and when mixed with water must furnish a turbid precipitate, repulsive to the patient, and requiring the nurse to poke it from the spoon with her finger. Would not some soluble powder be preferable, say, an increase of sugar? I have found, in my own experience, that if the ingredients, opium, camphor and sugar, are thoroughly dried when mixed, and kept well corked, they will not trouble much by concreting.

A. Chapin, M. D.

Winchester, Mass.

Editors Med. & Surg. Reporter, Phila, Pa.

Gentlemen: I desire to add my mite as to the use of Bromide of Potassium in Puerpural Convulsions.

I was called, Monday, January 18th, 1869, in consultation with Drs. Dickson and Alexander, of Canonsburg, to Mrs. W., a large, robust, plethoric woman of 30 years, in the eighth month of her first pregnancy, who had been seized, early the same morning, immediately after waking, with convulsions.

Her physician, Dr. Dickson, did not reach her until after the fourth spasm. He bled her profusely; gave large cathartics, with injections to unload the primæ viæ, applied ice to the head, and counter irritants, (sinapisms) to spine and extremities, elevation of head, &c., without any abatement of spasms; the intervals varying from 15 minutes—the shortest—to 45 minutes—the longest.

She was partially conscious during the intervals, but consciousness became less and less, until by noon she was entirely unconscious and continued so for 48 hours.

At the time of my arrival, 4 o'clock P. M., Drs. Dickson and Alexander were about to bleed again.

The veins in the arm were deep, and a sufficiently large one could not be had to bleed largely, and we therefore opened the temporal artery and bled until a *very decided* impression was made upon the pulse, still elevating the head and continuing ice to it.

We also endeavored to cut short, if possible, the convulsion by causing her to inhale chloroform as each one was about to commence, with some little effect, as we were thus able, in one or two instances, to partially arrest the spasm. The frequency continued about the same, from 15 minutes to 45 minutes intervals.

The os uteri was slightly dilated but rigid, and we used gentle manipulation with fingers to encourage dilatation, relieving each other as the hand of each became tired.

At this time she was unable to swallow. By 7 o'clock P. M., although spasms continued the same, we found her able to swallow and commenced large doses of Bromide of Potassium; about fifty grains every two hours.

After the first dose, she had a spasm in 20 minutes. Intervals between this one and the next was one hour and fifteen minutes; next interval one hour and forty-five minutes; next interval until the last spasm, which was a light one, was two and a half hours. After the third dose there was a complete cessation of convulsions.

Continuing careful manipulation, the os slowly dilated, so that by 5 o'clock A. M. we ventured upon small doses of Ergot and full dilatation taking place, delivered her at 8 A. M., with forceps, of a still born child, which seemed to have been dead for three days.

I was informed afterwards by Dr. Dickson, that she did not become completely conscious until Wednesday afternoon, and that her convalescence from that time was rapid and complete.

Thomas McKennan,

Washington, Pa., July 14, 1869.

News and Miscellany.

——Popular Ignorance of the Proper Welfare and Treatment of the Insane.—The *New York Medical Journal* quotes from the annual report of the N. Y. State Lunatic Asylum, the following remarks by the Superintendent, Dr. John P. Gray: However complete in its appointments or thorough in its organization an institution may be, or however conscientiously its affairs may be administered, so great is the prejudice existing, from false education and ignorance, respecting everything that pertains to the true welfare and treatment of the insane, that it is subject to constant criticism, suspicion, and distrust. It may not, therefore, be out of place to explain, by some illustrations, the causes and sources of such a prejudice, so easily explainable by any one whose official position has given him the opportunity of observing the motives and springs of human action under circumstances that disclose them in almost every variety of aspect.

The public generally, and even the intelligent and educated, constantly confound the modern hospital with the ancient mad-house. It is no unusual thing, even at this day, to be asked if the patient can be

seen who are in the "cells," and if we are not obliged to "chain the worst cases." We are not always confident that our assurance, that cells and chains have long since been abandoned as unnecessary and cruel means of restraint, receives full credence. The great majority who visit the asylum seem particularly to see those who are most insane. They are not satisfied to see or be informed of the general means of treatment,, but want to be shown "the worst cases, the real raving crazy ones." They do not seem to reflect that the patients are sick people, or that if these unfortunates were their own fathers, mothers, wives, husbands, brothers or sisters, they would be very reluctant to make them objects of common curiosity. When people are stricken in their own households they for the first time realize the importance of shielding their afflicted ones from the idle gaze of the curious. Why should patients not be as sacredly guarded in a hospital as in their own houses? Who would think of intruding upon the privacy of families, when in affliction, uninvited to see if the physician was discharging his duties, or to listen to the cries or delirium of the sick? Many do not know, and others do not consider, that the public exhibiton to visitors indiscriminately, constituted one of the most repulsive features of the old system of treatment, and one of the most productive causes of the very manifestations they are so anxious to witness.

Such a course would not only be a return to ancient usages, but one which would be in direct conflict with the healing aim which prescribes the utmost rest and quietude. Even visits of friends, though often pleasurable to the patient, are frequently so exciting as to undo in an hour all that has been accomplished for weeks or even months. Nevertheless our motives for advising against the visits of friends, to cases likely to be injured thereby, are constantly impugned, not only by those whose best interest we are striving to promote, but by the community at large. Undoubtedly one of the reasons why the public are slow to yield their belief in the use of chains, fetters, and cells, and in the existence of constant maniacal ravings, arises from the fact that, outside of the asylum the insane are often both chained, manacled, beaten, and otherwise abused, and sometimes suffered to go unfed and naked for days.

In illustration of this point, we quote from another portion of Dr. GRAY'S Report, the following statement regarding the manner in which patients were brought to the hospital: Out of the 322, the whole number received during the year—Twenty-four patients were brought in irons. In addition one had his arm tied behind his back, his legs were bruised, and one tooth knocked out. Another, with hands mancled behind his back, had his arms tied with cords and his feet with ropes, and had been without food for two days. His hands and limbs were swollen, and he was so weak that he was immediately placed in bed, which he kept for some days. One, whose wrists were badly cut by irons, had been chained to the floor at home. Another, who was ironed hand and foot, had his arms tied behind his back, and was without shirt, shoes, or stockings. Another, who was ironed, had his elbows pinioned and wrists severely bruised and swollen. Three more, handcuffed, were also pinioned; and another besides all this, had his feet tied in a sack. One patient had inflicted seventeen wounds upon his person with an axe. Five of these were upon his head, and one had penetrated the outer table of the skull, portions of which were afterwards removed. He declared the devil had possession of him, that he was held responsible for the public debt, that all the real estate in the country, his own included, was held by the government; again that the house and all the world were on fire, when his cries of alarm and supplications for help aroused his neighborhood. He made frequent attempts upon the lives of his wife and son, and most persistent efforts to starve himself. When brought to the asylum he was extremely feeble and emaciated, and could make but slight resistance to taking nourishment. Food was given cautiously but regularly. He soon rallied, and in nine months was discharged recovered. Another case of melancholia, of six months' duration, was received, in which the patient had, just before coming here, cut off her left hand under the delusion that by this means alone she could be saved. Her delusion also extending to plucking out her right eye, but, owing to watchfulness exercised, she was not able to carry out her design. In seven months she recovered, and then regretted she was not brought to the asylum before she had thus maimed herself for life.

All this treatment, as a general thing, is from ignorance and fear, and by no means the offspring of indifference and wanton abuse. This element of fear of the insane is so great, that often four or five persons will accompany a patient to the asylum, in addition to having him bound or fettered. The insane person is often quick to recognize the fact that he inspires this fear, which tends to make him more unmanageable. A large proportion of these very cases, when taken upon the ward and frankly told they are insane, and that their conduct is evidence of it, become quiet and manageable.

——OLIVE OIL.—The two edible oils of this class, known to trade are the superfine virgin oil, cold-pressed and perfectly free from mixture, and the ordinary oil, extracted by the application of heat The great use of olive oil, particularly in Europe, and its high price, have encouraged all sorts of adulterations, among which we may mention the mixture with it, of nut-oil, honey, goose-grease, poppy-oil, oil of sesamum, beech-oil, and oil of arachnida.

Prizes of the Academy of Sciences.

The following prizes were announced at the annual public meeting of the Academy of Sciences in Paris, as having been awarded for the year 1868: *Montyon Prize for Statistics:* Dr. Berigny of Versailles; very honourable mention, Dr. Ebrard; honourable mention, M. Fayer, M. Charpillon, and M. Rambosson. *Prizes in Medicine and Surgery:* A prize of £100 to M. Villemin for his researches on the Inoculation of Tubercle; honourable mention, and £60, to M. Foltz, for his Clinical and Experimental Study of Capillary Embolism; the same to Dr. Austin Flint, for his Experimental Researches on a New Function of the Liver; and the same to M. Raciborski, for his Treatise on Menstruation. MM. Larcher, senior, Goubaux, Jaccoud, Grandry, Susini, and Hayem, also received honourable mention; and the works of MM. Stelling, Onimus, Legras, and Saint-Cyr, were referred to the Commission for 1869. Grants of £40 each were voted to M. Collin and M. Grehaut, to aid them in continuing their researches, the former on Trichinæ and Trichinosis, the latter on Respiration in Man; and £20 was voted to M. Labordette of Lisieux, in aid of his observations on the use of the Laryngeal Speculum in the Treatment of Asphyxia from Submersion. The *Breant Prize*, for the discovery of the cure or of the causes of Cholera, has been open fifteen years, and the principal sum has amounted to £4,000, and the interest to £200. No essay of sufficient merit for the prize has been sent in; but the Academy awarded, as encouragement, £100 to M. Lorain, for his Studies in Clinical Medicine and Pathological Physiology, and his Memoir of Cholera as observed at the St. Antoine Hospital; £60 to Dr. Brebant, for his Work on Epidemic Cholera considered as a Personal Morbid Affection; and £40 to M. Nicaise, for the observations made by him in the places to which he was sent on a Government mission in 1865–66. The *Barbier Prize*, for a valuable discovery in surgery, medicine, pharmacy, or botany, having a bearing on therapeutics, was divided between Dr. T. R. Fraser of Edinburgh, for his researches on the Calabar Bean; and M. Rabuteau, for his researches on the Physiological Action of certain Metallic Compounds. The *Godard Prize* was awarded to Professor Giambatista Ercolani of Bologna, for his researches on the Glandular Organs; and Dr. Dieu, of the Hotel des Invalides, received honourable mention for his Micrographical Studies. —*British Med. Journal.*

Conviction and Suicide of an Abortionist.

Dr. John Day, of Battle Creek, Michigan, was tried and convicted, June 1st, of committing abortion on the person of Mrs. Graves, a married woman. When he learned the verdict, he did not seem much dejected, but that night he took morphia sufficient to destroy him, and was found dead in the morning.

——Bites of Insects.—It would be well, says the *Journal of Cutaneous Medicine*, if we could follow some of our tormentors of the the insect world through their daily life and discover their loves and their hates. Linnæus informs us that the seeds of the *Absinthium maritimum* are deadly to the flea, and we have likewise heard that the odor of the elder is equally obnoxious to other insects. It said by the devotees of botany that on a hot summer's day the cattle may be seen to cluster round the elder for protection against the sting of flies; we have thought sometimes in our summer rambles that the verdict of the wise man was unproven. We entertain, however, a strong belief that the perfume of the chamomile is destructive of the *Acarus scabiei*, and we use it accordingly in our pomades for the treatment of scabies. Bazin was wont to recommend for the same purpose an unguentum anthemidis; and our Italian contemporary, the *Giornale Italiano delle Malattie della Pelle* reminds us that an infusion of chamomile-flowers has been recommended as a wash to the skin for the purpose of protection against gnats. Gnats are said to shun the traitorous perfume; and if such be the case, it would be easy to convert the essential oil of the anthemis into an agreeable lotion like that of lavender-water or eau de cologne.—*N. Y. Medical Journal.*

——Poisoning by Aniline Dyes.—A Mr. Bengly, of Chicago, was recently badly poisoned by wearing French stockings. The patient stated to the physician that was first called that the disease first appeared soon after wearing some new socks, which were colored red on the sides and bottom of the feet. The parts affected corresponded so precisely with the red parts of the socks, that the doctor concluded that there must have been something poisonous in the socks. Other physicians who saw the case thought it erysipelas. The disease continued to progress until not only the sides and bottoms of the feet were inflamed and blistered, but the face was badly swollen and blistered, as well as various parts of the body, and mortification commenced in the toes and sides of the right foot. The case was in the above condition on July 1, when Dr. Fisher was called to see the case, with Dr. Landis. His opinion was in accordance with Dr. Lanis's, that it was a case of poioning by something in the coloring materials of the socks. Drs. Landis and Fisher have been treating the case, and the patient has been gradually improving, and at this time they consider him not only convalescent, but entirely out of danger.

——Dr. James McNaughton has been elected President, and Dr. James H. Armesby, Professor of Surgery, by the faculty of the Medical College, in place of Dr. March, deceased.

——Production of Ozone for Industrial Purposes.—M. Beanes, as noted in the *Genie Industriel*, recently exhibited to his scientific friends an electrical apparatus for the production of ozone at a small cost, which has not received the attention it deserves. His apparatus consists in a condenser between the plates of which atmospheric air, the oxygen of which is to be ozonized, is made to pass. The electricity acts here by influence and directly. The gas, on leaving the machine acts energetically on india-rubber, turmeric, etc. It is suggested that this simple electrical ozonizer might probably be applied with profit to the bleaching of tissues, liquors, and other substances.

——Death fbom Lucifer Matches.—The *Chemist and Druggist* give an account of the death of a small child from sucking lucifer matches. It appears deceased was left at home with a younger sister, and reaching some lucifer matches, which had been carelessly left on a shelf, placed them in her mouth. This, however, was not discovered until the child was seized with sickness and convulsions, the vomit smelling of phosphorus. The child only lived about an hour from the commencement of the convulsions.

——William W. Sanger, M. D., met with a severe accident on the 6th inst., which came near depriving him of life. Dr. S. went to Connecticut to spend the 4th, intending to return on Tuesday, but was prevailed upon to wait another day to witness the operations of some machinery for making excavations on a section of the New Boston and Erie Railroad. He and a friend (one of the railroad contractors) drove to the place with a pair of spirited horses. While the gentlemen seated in the carriage were looking at the huge work going on, the horses took fright and started off suddenly, overturned the vehicle, throwing the inmates violently to the ground. Dr. S. was taken up insensible, and supposed to be dead. After several hours he revived, but was found to have received severe coutusions on the head and back, and fractures of three ribs on the left side. On Thursday he was removed to the clergymen's house, where he now lies in a critical condition.

—— A test for Glycerin.–The increased use fo glycerin in the arts of late has, of course, brought into the market an adulterated article. When sugar and dextrine were mixed in small proportions with glycerin it has hitherto been difficult to detect the adulteration, but is now easily done by the following method: To five drops of the glycerin to be tested add 100 to 120 drops of water, one drop of pure nitric acid, and three to four centigrammes of ammonium molybdate, and boil the mixture, and in less than two minutes it will assume a deep blue color if any sugar or dextrine is present.

——The Hudson County (N. J.) Medical Society asserts, that the deposits on the shores of New Jersey, of garbage and filth collected from New York are greatly detrimental to health.

OBITUARY.

M. H. Collis, Esq.

The *British Medical Journal* gives the following obituary notice of the late Dr. Maurice Henry Collis, of Dublin. Mr. Collis began his profession as an apprentice to his uncle, the late Dr. Maurice Collis, at the Meath Hospital; and, after having obtained in 1847, his surgical qualifications, he stuoicd in Paris for above a year. On his return to Dublin, he was appointed Demonstrator in the School of the Royal College of Surgeons, and this office he continued to hold until he was elected Surgeon to the Meath Hospital, in 1851, on the retirement of his uncle. He has been for the past two years Examiner in Surgery in his college, and filled a few years ago a similar post in the Queen's University. His industry was very great, as the records of the Surgical Society and of the annual meetings of our Association will testify. The work, to the preparation of which he had devoted many years, and which will remain as a standard treatise, namely, "The Diagnosis and Treatment of Cancer and Tumors analogous thereto," was published in 1864. His paper on diseases of the Upper Jaw, Cleft Palate, and Vesico-vaginal Fistula, had gained him a most extended reputation.

[*Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

Augur—Truman. June 29th, at the residence of the bride's parents, No. 41 Clutter street, by the Rev. C. Moore, James T. Augur, M. D., and Miss Hester Truman, daughter of Harriet and John Truman, M. D., all of Cincinnati, Ohio.

Curtis—Walker. June 1st, at West Liberty, W. Va., by Rev. W. H. Lester, assisted by Rev. A. Hough, Josiah M. Curtis, M. D., of Marshall Co., W. Va., and Miss Emma S. Walker, of West Liberty.

Gardner—Smith. On the 14th instant, by Rev. J. Todd, in this city, at the residence of the bride's father, Charles H. Gardner, M. D., of Hollidaysburg, Pa , and Miss Emily H. Smith, of Philadelphia.

Hue—Baum. At Paris, France, June 9th, Jude Hue, M. D., and Sarah Elizabeth Baum, daughter of the late John A. Baum of Troy, N. Y.

Lowman—Stackhouse. July 3d, at the La Pierre House, Philadelphia, by Rev. B. L. Agnew, Dr. W. B. Lowman, of Johnstown, Pa., and Miss Susan M. Stackhouse, of Delaware co., Pa.

McGoffin—Woods. June 23d, at the residence of the bride's mother, by Rev. Wm. M. Robinson, Mr. James M. McGoffin, of Pittsburgh, Pa., and Miss Alice M. Woods, daughter of the late Dr. M. Woods, of Mercer, Pa.

Procter—McMillan. At the residence of the bride's father, on the 6th inst., by the Rev. J. A. Brooks, Dr. D. L. Procter, of Mammoth Cave, Ky., and Miss Ida McMillan, of Clark county, Ky.,

Thompson—Ege. On the 13th inst., at the residence of the bride's father, in Mechanicsburg, Pa., by Rev. O. Ege, assisted by Rev. J. McGarrah, Samuel Y. Thompson, M. D., of Danville, Pa., and Anna E. Ege, of Mechanicsburg.

DIED.

King. At Mott Haven, New York, July 13th, Laura B., wife of N. S. King, M. D.

Leedom. At Atlantic city, N. J., after a protracted illness, Mary R., daughter of Dr. John M. and Virginia R. Leedem, of this city, in the 9th year of her age.

Phillips. In Trenton, N. J., July 3d, George M., son of Dr. William W. L. and Meta R. M. Phillips, aged one year.

Richardson. On the 12th inst., Julianna Randolph, eldest child of Dr. Joseph G. and Mary R. Richardson, in the 4th year of her age.

Shove. At her home in Katonah, N. Y., July 9th, Miss Mary M., youngest daughter of Dr. Seth and Irene P Shove, aged 19 years, 2 months, and 7 days.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

HOSPITAL GLEANINGS.

By Jas. B. Burnet, M, D.,
Of Newark, N. J.

(Continued from page 49.)

No. II.

1. CASE OF TRAUMATIC GANGRENE.

The patient, Thomas Muller, æt 50, was admitted to Bellevue Hospital, on April 15th. On the 11th inst. he had fallen twenty feet and struck upon his nates in a sitting posture, after which he was carried to a house near by, and remained in bed during the following two days. On the 14th, he walked over two miles to his home. On admission, his pulse was 90, and of tolerable strength. The scrotum and perineum were swollen and gangrenous; the surface of his body from the pelvis to the sternum was very emphysematous. He complained of pain over the hypogastrium. He had urinated just before the fall, but had passed no urine since, a period of 4 days. A catheter was passed, and about four ounces of high-colored urine drawn off. Supposing the bladder to be ruptured, and the gangrene of the scrotum due to infiltration of urine, the parts were freely incised and treated with antiseptic poultices. The man died during the night from asthenia. The *post mortem* was made by order of the Coroner, eight hours after death.

The superficial fascia from the pelvis to the umbilicus was black and gangrenous, and emitted an offensive gas, which had produced the inflation of the areolar tissue already mentioned. The muscles subjacent were healthy. The peritoneal cavity presented nothing abnormal.

The kidneys were moderately congested The bladder and urethra were carefully dissected out and critically examined, but no trace of rupture could be discovered, and all present were satisfied that no rupture either of bladder or urethra had occurred. No urinous odor, moreover, could be detected, and it was now recollected that none had been present in the gangrenous tissues before death.

The probable solution of the entire case was that the scrotum, an organ of less vitality than the adjacent tissues, received at the time of the fall a contusion, which destroyed the vitality of its tissues, and the blood contained therein. The extravasated blood, together with the parts themselves, rapidly underwent decomposition, producing the gases which had become diffused throughout the areolar tissue, and hence the emphysema.

It was certainly singular that no symptoms of uræmia presented themselves after suppression of four days.

11. ATHEROMATOUS CONDITION OF ARTERIES IN CASE OF GANGRENE.

E. D., æt. 74, was admitted to Bellevue Hospital on May 12th, with dry gangrene of the right foot and leg, extending to the knee. About twenty years since she had rheumatism first, being subject to slight attacks ever since. As often she recovered without cardiac difficulty, and during the intervals was well. Is married, and has perfectly healthy children. The gangrene commenced about five weeks before admission. It was preceded for several weeks by severe pains in the foot and leg. At present the gangrenous parts are cold and black, the integument dry and smooth, and when percussed gives a sound similar to that produced by striking the skin of bacon. There is no line of demarcation,

and the skin for three inches above the gangrene is cold and very painful, though of the normal color still.

She complains of pain along the tibia. The odor is gangrenous, but not very offensive. Her countenance is exceedingly anæmic, and the cellular tissue is everywhere infiltrated with serum. The action of the heart is feeble, irregular, and indistinct; the pulse can be felt at both of the radial arteries, and at the posterior tibial of the opposite leg. She has no arcus senilis. Anodynes given—she continued to suffer great pain at the junction of the gangrenous and healthy tissues, the gangrene slowly extending, preceded by the three inches of cold skin (which was mottled) until May 24th, when she died.

AUTOPSY 36 HOURS AFTER DEATH.

Slight deposit of tubercle at the apex of the left lung. The mitral curtains, aortic valves and the entire inner aspect of the aorta, were studded and nearly whitened by atheromatous deposits, and in many places the living membrane was wanting. Replaced by a material of ossific hardness. The right primitive iliæ was firmly plugged with a fibrinous material. The vessel at the bifurcation of the aorta presented a complete ring of the atheroma, which extended over half an inch, rendering the artery firm and inelastic. A little below this a segment was black as if from gangrene. The plug extended down the artery into the popliteal region where the vessel ended, being involved in a slough, which occupied this region. The posterior and interosseous arteries were found with some difficulty, and a wire passed into them. They were collapsed, but as far as could be seen were in a healthy condition. The arteries of the left thigh and leg were atheromatous, but pervious. A peculiarity of the gangrene in this case, is that it was found not to extend below the integument. The fascia and muscular tissue was found of normal color and consistence, without any odor peculiar to gangrene. The kidneys were hob-nailed and fibrous. The liver was large and very fatty, and in it was a cyst of the size of a hen's egg, containing an oily fluid, which was found under the microscope to be full of cholestrine.

III. CASE OF CANCRUM ORIS.

T. C., æt. 4 years, admitted May 31. On admission, found as follows: On the outside of the left cheek there was an unhealthy, sloughing, ulcer—circular in form—of an inch and a half in diameter, and from one-fourth to one-half inch in depth. This ulcer was connected with extensive ulceration on the inside of the same cheek, by a narrow line of ulcerated surface extending around through the angle of the mouth, cutting back the angle about one-fourth inch. The ulcerations on the outside and inside of the cheek were still separated by a thin wall of muscular tissue. The ulceration commenced on the inside of the mouth. The general appearance of the child was remarkably good. Forty-eight hours after admission, this partition of muscular tissue had entirely sloughed away, exposing the inside of the mouth to full view. The lower edge of the opening extended to the base of the alveolar process of the lower jaw. This process itself was unaffected. The alveolar process of the superior maxilla was denuded of its periosteum and mucous membrane, and the bony structure was much affected. One tooth had fallen out, and the others were held merely by the closure of the lower set against them. The superior maxilla was denuded an inch and a half antero—posteriorly, and upwards to its orbital process. At this point the ulcerating process became limited by healthy granulations, and the excavations in the soft parts began to fill up.

In seeking for the cause of the disease in this case, it was found that the child had been complaining for two weeks previous to admission, and had taken, by order of his physician, powders of some gray substance, for four successive nights. On the fourth day the father discovered the ulceration commencing on the inside of the mouth. It seems right to conclude that the disease was caused solely by the administration of *mercury*—as the description of the powders is that of Hyd. cum creta.

Treatment consisted in tonics, and potassæ chlorat. internally and locally, under which treatment she rapidly recovered.

SUCCESSFUL OPERATION FOR ARTIFICIAL HIP JOINT,

By A. J. Erwin, M. D.,
Fort Wayne, Indiana.

REPORTED BY DR. RENNER.

Miss Murphy, aged seven years, daughter of P. S. Murphy, Esq., Lagro, Indiana, was the subject of hip disease (morbus coxarius). The discharge of pus which had been abundant during the three previous years, ceased in December, 1866, under the careful treatment of Dr. Tobey, who employed various appliances for the extension of the limb,

which, previous to his taking charge of the case, had contracted to so great a degree as to fix the thigh closely upon the trunk, in which position it was permanently held by a strong anchylosis of the hip joint.

For the relief of this deformity, Dr. Erwin was consulted, who, with the assistance of Dr. Tobey and myself, operated on the 15th day of November, 1867. Having administered chloroform, extension was made with sufficient force to test the great strength and osseous character of the anchylosis.

Two incisions were then made exposing the posterior surface of the great trochanter at its union with the neck and shaft of the femur, from which point he excised transversely an obtuse section of the bone, without dividing its anterior surface, which served to preserve the opposition of the parts during subsequent treatment. After thorough cleansing, the limb was extended to its normal position (without tenotomy) the integument was closed by sutures, and adhesive strips.

The patient was then put to bed on a solid mattress, and a weight suspended to the limb to preserve extension, cold water dressings were freely applied, and used when necessary to allay pain or fever. Twenty (20) days from date of operation, the soft parts having entirely united passive motion (antero-posterior) of about eight inches at the knee, was made, and continued once daily by the attendant, until she was able to exercise the limb, by which process bony union was prevented, and a new articulation formed on the plan apparently of the original joint. In six weeks time she walked with the assistance of crutches. Six months later she abandoned crutch and cane, with fair control of the new joint. The limb at date of operation was much smaller than its mate. Since, although one inch short, it has gained its proper proportions, with not only due antero-posterior, but also several inches lateral motion. At this date she can run as fast as other girls of her age, without impediment, her movements being strong, agile, and graceful, there being no deformity, nor lameness.

A CASE OF PELVIC CELLULITIS AND ABSCESS.

By J. Chitwood, M. D.,
Connersville, Indiana.

I was called on the evening of the 18th of May, 1869, to visit Mrs. S., a lady of education and intelligence, æt. 51, neuro-lymphatic temperament, found her in a decided *rigor*, and suffering excruciating pain in the region of the hypogastrium. The extremities and surface were quite cold, and the pulse scarcely perceptible at the wrist. A mustard cataplasm was at once ordered to be placed on the abdomen, heat applied to the extremities, and diffuse stimulants freely administered—under this treatment I soon had the pleasure of much relieving my patient from the pain, and partially establishing reaction.

May 19. The patient rested some during the past night and felt comparatively comfortable this morning, but reaction had not taken place to a satisfactory extent, pulse 100, extremities and surface cool. The only symptoms complained of was a "bearing down" sensation in the region of the uterus, and some degree of difficulty experienced in micturating, an examination per vaginam was made, which revealed a decided retro-version of the uterus, but to our surprise we found the slightest effort to replace the organ accompanied with great pain; therefore but little effort was used to accomplish the reduction, and it was decided to await a time more favorable to the operation.

A laxative of cit. mag. was ordered, and warm fomentations advised to be constantly applied to the abdomen.

May 20th. The patient was taken with vomiting to-day, which greatly aggravated the abdomoinal pain. I was sent for, but not being at home at the time, my father, Dr. G. R. Chitwood, Sen., of Liberty, Indiana, was telegraphed for; he produeed free action from the bowels, by repeating the cit. mag.

May 21st. Found my patient feeling rather comfortable; continued the warm fomentation, and ordered.

℞. Ext. val. fluid.,
Ext. hyosc. fluid., aa f℥ss M.
A teaspoonful, *pro. re nata.*

May 23d. Was sent for this morning on account of a troublesome tenesmus, and tornius which had annoyed the patient all night; ordered mucilaginous enemata with tr. opii, and continued the other treatment.

I will here state that the symptoms, and treatment, were the same, with but little variation from this time up to

June 15th. At which time a small tumor was detected rising from the superior brim of the pelvis, immediately above the symphisis pubis. An examination, per vaginam, revealed only a feverish condition of the lining mem-

brane, but no tender point was discovered in addition to the treatment of the surface. The abdomen was penciled over with equal parts of tinc. of iodine and alcohol, and a liberal diet allowed the patient. * * * *

June 19. This afternoon I was informed by the lady's husband that while she was using the urinal she passed a large quantity of matter resembling pus. I at once repaired to her residence, and found her entirely free from the pain which had been continually present in various degrees of intensity for thirty-five days. On examining the vessel, it was found to contain about four ounces of urine, and near one pint of purulent fluid—this matter readily sank in water, and formed clouded flakes under the heat test. The matter continued to be voided with the urine for several days, but in less quantities, and finally disappeared entirely. My patient has been slowly convalescing, but a hardened sensation is imparted to the touch, extending over the lower portion of the abdomen.

The lady informed me that she had worn an *external truss* for several weeks before her illness, and to that cause—no doubt correctly—attributes her sickness. I report the above case from the fact that the disease is of rare occurrence in country practice, and the termination of the abscess, by rupture into the bladder, is of still less common occurrence.

A CASE OF TUMOR IN THE BRAIN.

By Jos. D. Lomax, M. D.,

Medical Superintendent Marshall Infirmary, Troy, N. Y.

Read before the Rensselaer County, N. Y., Medical Society.

Michael Forrester, admitted into the Marshall Infirmary Dec. 1st, 1868, aged 23 years, born in Ireland, single, laborer, habits good.

It would seem from the history which this patient gave of his case, that in one of the engagements during the last year of the late rebellion he was struck on the head with a fragment of shell. The blow rendered him senseless, but he recovered within an hour from the effects of the accident, and returned to the ranks. From that time until the March previous to his admission to our wards his general health was good, he experienced no pain or other unpleasant sensations in his head. But about that time, namely: March '68, he began to suffer from headache, which grew more and more severe until finally he was compelled to abandon work.

When he came to us he presented the following symptoms: His face had a bloated and dissipated appearance; the pupils were widely but evenly dilated; he complained that there was a "scum" over the eyes; the pulse was rather slow, but regular and of fair strength: the skin was unnaturally cool, dry and rough; his appetite was poor, and he had lost much flesh; his bowels were obstinately constipated, and never moved without the aid of medicine; pain in his head, which was almost constant, and at times very intense; and when asked to locate the distress he placed his hand over the posterior lobe of the right hemisphere of the brain, where he said the shell had struck him; and he walked with an unsteady gait; he seemed dull and not inclined to converse, and answered my questions in as few words as possible, but quite promptly.

There was no apparent change in Forrester's condition for several weeks. He kept his bed, getting up only when compelled to do so; and he laid on his back most of the time, with his eyes closed, apparently listless and indifferent to what was going on about him. As an indication of this apathy the following incident is related: One day his bedstead broke down under him throwing him in a very uncomfortable position, and though he was awake at the time he did not seem to notice it.

New symptoms now gradually developed themselves. There were spasms of the muscles of the limbs. He grew more restless; he would get up every day and walk up and down the ward for a few minutes. He was disposed to talk, but his ward companions said he never joined in any conversations that might be going on,—his remarks always had reference to some other matter. His intellect seemed to fail; he was more forgetful. He would take his food, and in a short time afterwards ask for something to eat, saying he had not had anything to eat for a long time. He would ask for tobacco when he had some in his mouth which he had put there but a moment before. He forgot the way to the water closet

As the case progressed these symptoms increased in severity. The spasmodic actions of the muscles of the limbs became more frequent and aggravated. He complained that he could not put his hand on anything without his shaking all over. Occasionally this symptom subjected him to unpleasant results. The flexons of the forearms would suddenly contract and draw those limbs towards the body,

and the hands at the same time were rotated. This movement would frequently happen when he had something in his hand, and if it happened to be a bowl or glass, the contents were emptied into his lap. His mind grew more confused. He frequently failed to recognize his fellow patients, and at times did not seem to appreciate his feeble condition. He would say to those around him that he should leave the hospital in a day or two, and commence work again; and express regret that they were not enjoying the same degree of health. His pulse became more frequent—about eighty-five beats to the minute. For a short time after his admission the actions of the heart grew less frequent, not averaging more than sixty pulsations. The pupils continued widely dilated, and the stimulus of light affected them very feebly.

But there was no difference in the degree of dilatations in the two eyes. His appetite became ravenous; he consumed large quantities of food, and complained because the nurse would not give him more. He vomited a dark green substance, small in quantity and of uniform consistence. On the 10th of January strabismus of the left eye was for the first time noticed, and it remained a permanent symptom to the termination of the case. The eye turned inward. The convulsive actions of the muscles continued to increase, and the more severe paroxysms were so violent the other patients spoke of them as "fits," but they were merely contractions of the muscles and were momentary in duration, when quite a long interval occurred. He was always conscious of their presence, and if he had a glass or bowl in his hand at the time, he would call for some one to take it from him. He did not complain so much of headache in this stage of the disease—sometimes he would be free from pain for 54 hours, that is if his statements can be relied on. On the morning of 16th of January he complained of feeling "dead and heavy," but no marked change was noticed in his condition. About an hour afterwards he was seized with a convulsion, and died in four hours afterwards.

The patient continued to take his usual walks about the wards until the morning of his death. His gait grew more unsteady, and he would occasionally fall or stumble, and when he did so, it was always forward. Towards the last he would sometimes sit up in his chair and talk cheerfully to those around him, and even joke with them. His bowels never moved but once without the assistance of a cathartic.

The brain was examined 24 hours after death. At a small point over the posterior lobe of the right hemisphere, the membranes adhered to the bones above, but were easily detached. Their under surface was adherent to the brain for the space of nearly eight square inches. The vessels supplying this portion of the meninges were numerous, and some of them quite large. A small portion only of this space could be detached from the cerebral mass. The other adhered firmly to a cheesy-looking substance, which dipped into the brain to the depth of over an inch. The shape of this mass resembled somewhat two cones, the base of one running into that of the other. The outer portion of it was soft and easily broken down, leaving a granular surface. The inner portion was firm, and considerable force was required to tear it with the handle of the scalpel. There was no enveloping membrane. The surrounding brain tissue was softer than that corresponding on the opposite side, and the convolutions were entirely obliterated. There was very little fluid in the right lateral ventrical, the walls of that cavity being in almost close contact. That part of the calvaria covering this abnormal growth, presented nothing unusual beyond a little roughness, perhaps due to pressure.

——Portable Illuminations.—M. Alvergniat, a French electrician, has made an improvement first suggested to him when using the tubes invented by Giessler, which are cylinders or bulbs of glass filled with rarified gas that becomes luminous in the dark when a current of electricity is passed through it. The improvement consists in filling a glass cylinder or phial, hermetically sealed, with a substance which becomes phosphorescent by the action of the frictional or static electricity. A tube of this kind may be of some service to those on night duty, for all that is requisite to produce a feeble and ephemeral light is to rub the tube briskly with a silk handkerchief.

——Death from Rattlesnake Bite.—A young man named Joseph Wagner, living in Charlestown, West Virginia, professed to have the power of charming snakes. Last week, having captured a rattlesnake, he was giving some friends an exhibition of this power. After fondling the snake for a time in his arms, he threw it on the ground and switched it until it writhed with rage. He then took the reptile up in his arms again, and saying "Are you mad? Kiss me and make up," he put its head in his mouth. The snake bit his tongue, and he died in about an hour afterward.

Editorial Department.

Periscope.

Report on the Treatment of Delirium Tremens.

[Continued from p. 78.]

Queen's Hospital, Birmingham.—The following is Dr. Fleming's treatment of delirium tremens: The patient is placed in bed. All harshness or restraint, unless absolutely necessary, is carefully avoided. Tranquility and a free supply of pure air are secured. The face, neck, and arms are sponged from time to time with tepid water. As a drink, Carrara water or toast and water is given freely. For a diet, the patient has at first milk and strong beef tea alternately every four hours, and gradually, as the appetite improves, chicken, mutton, etc., until the stomach can accept the ordinary food. Alcoholic stimulants in every form are stopped at once and entirely. If there be any manifest symptoms of faintness, the following is prescribed:

℞. Ætheris chlorici (Duncan and Flockhart), spiritus ammoniæ aromatici, sing. ʒiij; tincturæ lavandulæ comp. ʒiv; spiritus vini gallici ʒx. Two drachms for a dose, in a wineglassful of water, every two or four hours, according to circumstances.

The further addition of alcoholic poison having been stopped the objects of treatment are: 1. To eliminate the poison already in the blood; 2. To control its effects; 3. To favor convalescence. To promote elimination by the skin and kidneys, the following mixture is given:

℞. Spiritus ætheris nitrosi, liquoris ammoniæ acetatis, sing. ʒv; sodæ phosphatis, sodæ et potassæ tartratis, sing. ʒv; aquæ ad, ℥xx. M. Two ounces every four hours, two hours before meals.

Should an active purge be indicated, Dr. Fleming gives the colocynth and hyoscyamus pill, with from half a grain to a grain of the acetic extract of colchicum. The second object of treatment, that of controlling the effects of the poison, is attained by the administration of a mixture of ten drachms of dilute phosphoric acid with twenty drachms of tincture of hops. Of this two drachms are to be taken every four hours, one hour before food, in a large wineglassful of water. This helps to sustain the patient, and lessens the feeling of depression. At bedtime the following draught is ordered:

℞. Tincture cannabis ♏xxx ad lx; liquoris morphiæ acetatis, ♏xv ad lx; spiritus ætheris nitrosi, ʒi; aquæ pimentæ ad ℥ij. M.

This seldom fails to induce sleep. This medication is pursued until convalescence is established, when the tonic regimen is strictly enforced, including good food, pure air, cold bathing, with zinc and iron as blood tonics. This treatment has furnished very good results, and Dr. Fleming considers that it compares most favorably with other modes of cure.

Aberdeen Royal Infirmary.—Dr. Harvey has long since abandoned the practice of treating delirium tremens with heroic doses of opium, and of using much restraint with the jacket. His treatment of it has been, on the whole, "expectant"—letting the patient alone, giving him plenty of food, and moderate exercise in the ward or out of doors, if in a condition for it. He is inclined, however, to think that, from his knowledge of the *calmative* action on the nervous system of bromide of potassium in full doses (twenty to thirty grains, repeated daily, at short intervals), this article of materia medica will be found to prove a valuable remedy in the graver forms of the disease.

Edinburg Royal Infirmary.—Dr. Laycock has treated a considerable number of cases. The following notes have been kindly compiled and sent us by Dr. David Ferrier, his late clinical assistant. In all cases of delirium tremens, Dr. Laycock insists at the outset on perfect quiet. The hands and face are washed; the room kept cool and fresh, but not cold. No mechanical restraint of any kind is attempted. Food is given, of a quality and kind suited to the state of the stomach. At first it is often refused; in which case it is administered in a concentrated form (beef tea, etc.), in small quantities, at intervals of one or two hours. If the breath smell of drink, and there be reason to think that the patient is laboring under an overdose, a gentle emetic is prescribed. In other cases emetics are not employed. In the majority of cases there is stomachic or biliary derangement. In some, food is vomited, or, if retained, causes pain, because of the congested and inflamed state of the mucous membrane of the stomach. In such cases, a pill containing a third of a grain of nitrate of silver, a third of a grain of hydrochlorate of morphia, and a sixth of a grain of calomel, gives great relief and lessens the desire for stimulants. In cases of constipation and hepatic congestion, podophyllin, calomel, colocynth and hyoscyamus, castor oil, etc., are ordinarily used. Podophyllin seems to have good effect. The following formula has been used by Dr. Laycock with advantage: Two grains of extract of podophyllin, and a scruple each of compound cinnamon powder and extract of hyoscyamus, with a sufficient quantity of mucilage; the mass to be made into four

pills, and one to be taken every six hours till the bowels are moved. 'In the majority of cases no other method of treatment is adopted than rest, nutrients, and purgation if necessary; and the method is followed by complete success. A favorable termination is expected, independently in most cases of active remedies, in from four to fourteen days. The average duration of treatment is six days; and such also seems to be the result of cases treated more lately by Dr. Sanders according to the expectant method. Medicinal agents are used, with the purpose of favoring the natural tendency to recovery. The effect of drugs used to this end cannot in many cases be satisfactorily determined, since it is difficult to eliminate, from the influence of the drugs employed, the share due to diet and regimen, and that due to nature. It seems probable, that they exercise an influence over the intensity of the symptoms, although they may not either cause sleep or shorten the duration of the disease. The indications for the employment of alcoholic stimulants are drawn from the condition of the patient. When food has not been taken for several days, and the hallucinations are of a frightful or distressing kind, and especially when the pulse is very quick and feeble, the first sound of the heart heard indistinctly, the tongue coated, œdematous, and indented at the edges, wine and brandy may be administered medicinally with advantage. Except in such cases of protraction, alcoholic stimulants are not employed. Great caution, Dr. Laycock thinks, should be shown in the administration of opium and its salts. It is never given in cases which indicate any tendency to serious encephalic lesion or insanity. These cases are characterized by a tendency to aggressiveness, where the notional delusions predominate over the hallucinations of the senses, and where the state of the pulse and nervous system indicate the sthenic rather than the asthenic type of delirium. It is not always easy to determine beforehand when opium tends to induce greater prostration and distress. Generally, however, the patient is of a nervous habit, with a florid complexion, or at least has had, and is of a neuro-vascular diathesis. When not contraindicated by these conditions, opium is sometimes administered with advantage, but never in more than ordinary doses; and regard is always had to the effect of the drug in exciting contraction of the pupils. The want of sleep is often the result of a morbid apprehension of sleepless nights; and, in such cases, a placebo, administered with the assurance that it is a powerful hypnotic, is often successful. Where there is great exhaustion, and morphia is inadmissable, camphor in from two to three grains every three hours, or the carbonate of ammonia combined with camphor and hyoscyamus, often prove useful. Cases intolerent of opium or stimulants of the sthenic type, and especially where there are some inflammatory complication, as pneumonia, are successfully treated by small doses of tartar emetic. Dr. Laycock has not much experience of digitalis. From the results of several cases treated by Dr. Sanders, in the Royal Infirmary, Edinburg, with half-drachm doses of the tincture of digitalis three times a day, it has proved beneficial. All the cases treated in this way were severe cases, and all recovered speedily. The administration of the drug was discontinued when the pulse became moderate and the signs of delirium had abated. The average duration of stay in the hospital was seven days. Chloroform has been employed in very violent cases with advantage—viz.: in those cases where great exhaustion would follow continued raving and struggling; thus demonstrating the patient's powers of recovery.

Per the Scarification of the Gums of Infants in Dentition.

At a meeting of the Edinburgh Obstetrical Society, in March, this important question was discussed at length by Dr. CAIRNS, (Edinburgh *Medical Journal.*) He spoke as follows:

Is scarification in dentition productive of any beneficial result? If it is so, in what do its good effects consist? The advantages alleged to accrue from the operation, as contained in the several works which I have consulted, may all be summed up in the following:—the relief of local pain; and, second, the prevention and arrestment of convulsions, laryngismus stridulus, diarrhœa, etc., etc.

1. Scarification, according to its supporters, relieves local pain. Conceding, meanwhile, that this assertion is true, let us inquire into the grounds on which the assertion rests. Now, it certainly cannot rest on the declaration of the little patients on whom the operation is performed, because they have not yet acquired the power of speech—a circumstance, indeed, which renders the treatment of the diseases of children in general of a very difficult and unsatisfactory nature, preventing them, as it does, from correctly indicating either the precise seat of their sufferings, or the actual effects of the remedies employed. Well, if the allegation is not, and cannot be founded on the ground I have mentioned, it must, in these circumstances, be altogether, and entirely of an inferential character. Now, the value of inferences is purely determined by the character of the data from which they are drawn. If the data are true, the inferences may be valid, or they may not; but if the data are not true, the inferences must, as a matter of course, be utterly worthless. In the present case, then, what are the data from which it is inferred that scarification is productive of relief from pain? These data will, I think, be found, on inquiry, to consist in the tense, tumid, and congested condition of the gums. The matter stands thus: the gums, in the process of dentition, being in

a tense, swollen, and inflamed state, are painful; and by relieving the tension, tumidity, and congestion, by means of incisions, you thereby relieve pain. This, I opine, is a correct and fair statement of the case. Well, now, I demur entirely to the alleged fact that, in the *ordinary* process of dentition, the gums are either tense or swollen. It is quite true that there exists over the site of the approaching tooth an evident fulness; but this condition is caused, in all ordinary cases, by the presence of the tooth itself. The tissue overlying the tooth is not put into a state of strain by the tooth, as the term tensity would lead one to suppose. No such thing: against such tension nature makes full and ample provision, by causing the superjacent gum to undergo gradual absorption in proportion to the growth of the tooth itself. The tooth is not *pushed* up, it *grows* up; and as *it* increases in growth, so do the overlying tissues become absorbed, thereby rendering tension impossible. Neither is there swelling in the ordinary sense of that term, because nature guards effectually against the infiltration of serum, by causing the growth of the tooth to be sufficiently slow, so as to give the vessels concerned abundant time to accommodate their calibre to the circumstances by which they are surrounded; and if a true swelling does in any case actually form, that is to be regarded simply as an accidental occurrence, and to be treated, of course, as it would be in ordinary circumstances; but it is in nowise essentially connected with the process under consideration. If, therefore, there is neither tension nor tumefaction, scarification is useless as a means of relieving pain, so far as regards the alleged disturbing influences of these two conditions. But what of inflammation? Simply this, that by abstracting blood from an inflamed part, you do not in the least degree either reduce or modify the inflammation. The part continues to be as red, as hot, and as painful as before. Nor do I hold it of much consequence to be told that the child has become more quiet after the operation, and must therefore have obtained relief by its means; because, unless its advocates are prepared to prove the result to be invariable—which they are not—I am fully entitled, in the circumstances, to assume, that such relief may have followed in spite of the operation, just as many patients have been found to recover from certain diseases in spite of the very questionable treatment to which they may have been subjected.

2. Scarification is alleged to prevent and arrest convulsions, etc., etc.

Now, as a prophylactic remedy, the operation can only be admissible under certain conditions:—1st, On the ascertained fact that convulsions are an invariable accompaniment of dentition; 2d, That the operation uniformly, or at least generally, prevents their occurrence. The question, therefore, is, do these conditions hold? I affirm they do not, and on the following grounds: because convulsions, so far from always co-existing with the process of dentition, do so, in reality, in a very small proportion of cases. They constitute, in fact, not the rule, but the exception. And further, the object sought has, in general, not been attained; convulsions have just as frequently followed as they have preceded incision of the gums. So much for the preventive; and as regards the alleged curative agency of scarification, several questions naturally suggest themselves:—

(1.) Does it necessarily follow that dentition is the real exciting cause of the convulsions, merely because the latter happen to be concurrent with the former? Every one, I dare say—even the most zealous advocate of the operation, would unhesitatingly answer in the negative, when the question is put in this pointed and direct manner.

(2.) A second question which suggests itself is, Has a recurrence of the convulsive fits, which happen to take place during dentition, always been prevented by scarification? An affirmative answer to this question would justly be held quite conclusive, at least as regards the particular circumstances referred to; but, unfortunately, I have not been able to find any one, within the compass of the research which I have made, who ventures to give the desiderated answer.

(3.) And this brings us to a third question, viz., Whether, in those cases in which convulsions have ceased after the application of the lancet to the gums, the use of this instrument is to be regarded as the real procuring cause of their arrestment? Now, I do not by any means venture to say that it is not. This were too audacious by a great deal; but I do say, and without the least hesitation, that there exist more abundant data from which to give an answer in the negative, than there do from which to give one in the affirmative. What, we ask, are the grounds on which the scarificator is employed? Because, say its advocates, after being applied, convulsions occasionally do not recur. And that is really the only answer which can be given. Very good; but when they are again asked, if they can affirm with certainty that the use of the lancet has been the actual and sole means of stopping the convulsions, they feel obliged to be somewhat more cautious in the answer which they give. Their reply then is, It may be, or it may not be—we cannot absolutely say which. Well, in these circumstances, we must be excused for expressing our humble opinion that the greater probability is, that it has not been so; first, because the use of the lancet has just as frequently been followed by the *recurrence* of the convulsions as by their *discontinuance;* second, because their non-recurrence may have been a *mere matter of coincidence, and nothing more.*

The same arguments which have been employed in the convulsions apply equally to the other diseases which I have mentioned as concurring with

dentition, and, therefore, I may pass them over without further notice, merely adding that, although diarrhœa is perhaps one of the most common concomitants of dentition, it seems somewhat strange that scarification should be so seldom practised, or even recommended for arresting that most debilitating of all the ailments to which infants are liable.

II. Having considered the beneficial, I now proceed to notice, in the second place, the prejudicial effects of scarification.

1. And here I allege, in the first place, that it is injurious, because it impedes the process of dentition. During the last few days, I have asked several professional brethren with whom I have come in contact, who approve of the operation in question, for what reason they do so? And the gist of the answer which I have received from each has been this: "Because," say they, "the lancet does, at one stroke, what nature would require a considerable time to let the tooth through." And this quite accords with what we find in some of the books. Now, we aver the opposite. We aver that the use of the lancet, instead of rendering dentition more easy, makes it, in reality, more difficult. And here we must observe that, in scarifying the gums, three different modes have been recommended—1st, by making a single incision; 2nd, by making a crucial incision; and 3d, by making an elliptical incision, and removing that portion of the gum which overlies the tooth. Well, if either of the first two methods is adopted, in nine cases out of ten you have speedy reunion of the lips of the wound, thereby leaving matters exactly as they were before. If, as recommended by some, you go on repeating the incisions, you have just the same result following; thus rendering it extremely difficult for us, at least, to perceive how the approach of the tooth can be facilitated in the least degree by these means; while, at the same time, the hard cicatrix which has been formed, must require longer time to become absorbed as the tooth approaches, than the soft natural tissue of the gum. If the wound heals by ulceration—and by this process it must do so, when the third method is employed—you do certainly obviate thereby the absorption of the gum, and thus seem to assist nature. But this, after all, is more apparent than real; because absorption is undergone not only in that portion of the gum which lies over the summit of the tooth, but also in the portions towards its sides—portions, be it observed, which are left altogether untouched. But even although these portions were also removed, the truth of our averment would, in our opinion, be only strengthened thereby; and in this way, because you would thus expose a greater portion of the tooth to atmospheric influence—premature exposure to which, by the removal of its natural covering, would give a material check to its growth and development. Consider, also, that by the operation, simple though it seem, you give a greater or less shock to the nervous system of the infant—and it is universally admitted that an infant at this period is in a state of high susceptibility; that you excite more or less inflammation, thereby increasing the suffering and irritability of the little patient; that you cause the loss of a certain quantity of blood, of which a child is highly intolerant, and particularly those children on whom the operation is performed, being generally of delicate and strumous habits; that you aggravate the painful condition of the gums, thereby rendering suckling a difficult operation, and preventing the infant from obtaining a proper supply of nourishment. Consider, we say, these circumstances, and the injurious effects which they must necessarily produce on the general constitution, and through it on the growth of the teeth, rendering that process, as they must do, unusually tedious and slow.

2. We allege, in the second place, that it may lead to fatal hæmorrhage. We are not in a position to state how often this result has followed from the operation; but if all the cases which have occurred had been recorded, and were collected, they might be found to amount to no inconsiderable number. At all events, it is well known that such cases have occurred, and, indeed, it is only very recently that a case of this nature was reported to this Society by one of its members. To this, however, it may be objected—1st, That in those cases in which the child has died from loss of blood, the incision may have been made too deep; our reply is, that the incision its recommended to be made deep, so deep as to reach the tooth. 2d, It may be objected, that fatal cases may only have occurred in those children which happened to have the hæmorrhagic diathesis; we answer, that even although this were granted, you cannot discover whether this diathesis is present or not, until you make the incision, when the discovery is too late. 3d, It may also be objected, that the risk alluded to occurs so seldom that it needs not act as a deterrent; to this we reply, that the untoward result under consideration having happened even once or twice, renders it at least possible that it may also occur in the very case on which you are about to operate; and, moreover, should it do so, and should you tell the parents, on inquiry, that you were aware that such an event might possibly occur, I rather fear that the parents would not hold you altogether blameless in the matter, and that they would bear you a secret grudge ever after.

3. I allege that it tends to perpetuate a custom which, to say the least of it, is of a doubtful character. Probably one of the main reasons why the operation is so generally performed is, not in reality from the good effects which are expected to ensue from it, but because it is usually done in such circumstances. Others do it, and in order not to appear singular or culpable, I must conform to the general practice, whether the issue should prove

prove favorable or the reverse. In this way did the treatment by blistering, bleeding, and violent drugging become transmitted from generation to generation to generation—age after age—producing, as it is now universally allowed to have done, the most direful results. And in the same way has been handed down the operation in question, which, though uncertain, and doubtful in its results, continues to be in high favor and general use as a time-honored custom. On this point, however, we do not enlarge, but proceed, as was proposed, to inquire,

III. If, in the circumstances, scarification is justifiable? We allege that it is not. 1. Because it inflicts unnecessary pain. The objection, observe, is not grounded on the fact that pain simply is caused to the child. Such an objection were absurd; because, although the medical practitioner holds it to be one of his prime functions to relieve pain, in many cases he can only fulfil that function by employing remedies which are themselves of a pain-giving nature. But this is not the question. The question is, am I warranted in employing a remedy which, so far as can be ascertained, does not relieve the pain which it is intended to do, and which remedy is itself painful both in its application and results? I maintain that, in these circumstances, I am not justified in doing so, and particularly when I remember the effects which scarification on one occasion produced in my own person. For it so happens, that when, some years ago, my last wisdom-tooth was making its appearance, the late Professor Miller, at my own urgent request, applied the lancet over it; but the result was, that instead of experiencing relief from the operation, it kept me, on the contrary, in a state of the most extreme suffering for days to come; the remedy, in short, having proved a thousand times worse than the disease.

2. It superinduces some of those very conditions which it professes to remedy. I allude, in particular, to tension, tumefaction, and inflammation, the relief of which, it will be remembered, was alleged as a reason why scarification should be performed. Inflammation it must and cannot but excite; because, in virtue of a well-known physiological law, wherever you occasion a breach in living tissue, more or less inflammation results in order to repair the breach which has been made. Again, in an inflamed part there is always more or less swelling, owing to the pressure upon the veins, which causes the exudation of serum into the surrounding cellular tissue. And, lastly, there is tension; because, whether the scarified part heals by the first or second intention, there is, in either case, contraction of the tissue, and consequent tension, if an unyielding structure like the tooth lies underneath.

I shall not be so bold as to affirm that scarification actually excites convulsions; but, considering the extreme sensitiveness of the gums, and the highly nervous condition of the child in some cases of teething, I do think that that operation is abundantly sufficient to act as an exciting cause of them.

Results of Physical Training.

Dr. ALLEN, in an article on Physical Culture in Amherst College, gives the following as the results of introducing gymnastic exercises:

1. There has been a decided improvement in the very countenances and general physique of students. Instead of the pale, sickly and sallow complexion once very commonly seen, with an occasional lean, care-worn and haggard look, we now witness very generally, fresh, ruddy and healthy countenances, indicative of a higher degree of vitality, and that the vital currents, enriched by nutrition and oxygen, have a free and equal circulation throughout the whole system. This change is so marked as to attract the attention of the casual observer, and has been commented upon by those formerly attending Commencements or other public occasions here, as exhibiting a striking difference between the personal appearance of students at those times, and, that at the present day.

2. In the use of the limbs and the body,—in the physical movement and conduct of students generally, there has been, we think, decided improvement.

3. The practice of gymnastics *in concert* is calculated to beget personal sympathy, cheerfulness and buoyancy of spirits. The fact that a large body of students go through with precisely the same exercises together, at the same time and under the same general influences,—and these exercises continued for years,—creates a peculiar kind of sympathy, of interest and affection. In some respects it resembles the common practice of large companies eating and drinking together as expressive of their mutual goodwill and friendship.

4. We come now to consider what has been the effect more directly upon the health of the students, and the sanitary condition of the Institution. It is needless to state how many students formerly impaired or broke down their constitutions for want of sufficient exercise, or from irregular or excessive hours of study, or from some improper habits, or for want of suitable attention to diet, sleep or some other physical law. Perhaps the effects of violated law were not always visible at the time, and did not apparently impede the college course, but the seeds *were here sown* which afterwards brought on disease and premature death, or crippled the energies and limited the usefulness through after life. This may still happen; but with such exercise and instruction as can now be obtained it is not near so likely to occur.

5. A comparison of the present health of students with what it was ten or fifteen years ago, shows a surprising improvement. It is rare now for any

student to break down suddenly in his health, or to be compelled to leave college on this account.

6. But the evidence of improved health does not rest wholly upon individual opinions, or upon loose comparisons. Since 1861, a register has been carefully kept of the kind and amount of sickness in college, an analysis of which presents some striking facts. No student placed upon the sick list, unless he is detained two consecutive days from the usual exercises of the Institution. The number of students reported sick ranges in the course of the year from twenty-five to sixty, showing a far greater amount of sickness in some years than others, which depends very much on the fact, whether some epidemic prevailed, or whether the year, as a whole, either on account of the whether or from some other cause, was not generally unhealthy. If allowance is made for this extra sickness in two of the years out of the eight, the register shows that the actual amount of sickness in college has diminished in these eight years more than *one-third*. That is, in the year just closed, there were only *two-thirds* as much sickness as in 1861, the year when gymnastics were introduced.

7. But the most marked evidence of improved health is found in the diminished sickness of every class each year after entering college. In a tablegiving the amount of sickness arranged by classes, it seems there has been for these eight years, on an average, *more than three times* as much sickness in the *Freshman* Class as in the *Senior* Class.

On Emetine.

M. J. LEFORT has published in the *Journal de Pharmacie*, quoted in the *Pharmaceutical Journal*, some researches on the preparation, properties and composition of emetine, the active principle of ipecacuanha.

This substance was first isolated by Pelletier and Magendie, and its properties afterwards more fully described by Pelletier and by Dumas. These chemists recommended the extraction of emetine to be effected by decomposing the compound of the base present in the ipecacuanha with calcined magnesia; the alcoholic solution, filtered through animal charcoal, deposits the alkaloid in the form of a white or grey substance, possessing all the vomitive property of the ipecacuanha. Several other processes have since been published, and, in 1853, M. Leprat applied to the isolation of this base the method indicated by M. Rabourdin, for the elimination of atropin and other alkaloids. He stated that by treating the alcoholic extract of ipecacuanha with chloroform and caustic potash, he had obtained from 100 grammes of powdered ipecacuanha, between 6 and 7 grammes of emetine, but he added that other samples of the drug had not furnished so large a quantity. M. Lefort gives a decided preference to this process of M. Leprat, although it occupies a long time in its performance, but he does not find it possible to obtain so large a proportion of pure alkaloid as that chemist indicates. From his own analysis he concludes that ipecacuanhas of Brazil and New Grenada do not contain more than one per cent. of pure emetine.

The following is the method of operating recommended by M. Lefort: The powdered ipecacuanha is exhausted by percolation first with alcohol of 86 degrees (sp. gr. 846), and then with alcohol of 56 degrees per cent. (proof spirit); the united tinctures are distilled to recover the spirit, and the residue is evaporated by a water-bath to a syrupy consistence.

This extract, which contains the emetine in combination with a peculiar organic acid, the ipecacuanhic acid, of which M. Willick has described the composition and properties, is poured into a well-stoppered bottle, and, for every 100 parts of powder which has been operated on, two parts of caustic potash dissolved in a little water are added together with a volume of choloroform nearly equal to that of the mixture. As the emetine is very soluble in potash, and as the alkaline solution readily absorbs oxygen from the air, the flask in which the reaction takes place should be always completely full. The mixture is strongly agitated, and then allowed to repose for several days; the chloroform which forms at first a species of emulsion by the agitation, slowly separates, and at last collects at the bottom of the vessel. It is then removed by a pipette, and replaced by a fresh quantity. The alkaline liquid may be consdered to be exhausted when the choloroform comes away colorless, or almost so. The chloroform solutions are then mixed and distilled to recover the chloroform. The residue in the retort is deep brown, and is composed principally of emetine and a resinous matter, which, according to the experiments of Pelletier and Magendie, is not emetic. These two substances are separated from each other by treatment with a weak acid, which dissolves only the alkaloid. The solution is afterwards decomposed by the quantity of solution of ammonia exactly necessary to precipitate the base; any excess of the precipitant must be avoided, because emetine is slightly soluble in ammoniacal water. The emetine is thus deposited as a voluminous greyish powder, which may be collected on a filter, after being sufficiently washed by decantation. It still contains a minute quantity of resinous matter, which may be removed by digesting in ether. After this operation, the alkaloid remains in a state of great purity.

Dried at a temperature of 50 degrees C., emetine, when perfectly purified, is a very light whitish powder without smell, and of a bitter taste. It fuses at a temperature of 70 degrees C., and then forms a brown transparent mass. Exposed to the air it colors slightly brown, but it does not attract moisture and liquefy, as stated by Pelletier and Magendie. At 15 degrees C., distilled water dissolves 1-1000th

of its weight, and the resulting solution always possesses a yellowish tint, and an alkaline reaction. Concentrated alcohol and chloroform dissolve it in all proportions, but it never crystallizes by the evaporation of these vehicles. Ether and the fatty oils dissolve it only in very small quantity. Caustic potash and soda freely dissolve it, and the solutions rapidly absorb oxygen from the air. Caustic ammonia does not dissolve it in such quantity, but nevertheless a notable quantity is taken up. Mixed with lime or magnesia and exposed to the air, it soon acquires a saffron-yellow tint. Hydrochloric, sulphuric, phosphoric, and acetic acids are easily saturated by emetine, producing uncrystallizable compounds very soluble in water. Nitric acid, on the contrary, possesses the remarkable property of forming with emetine a nitrate which is very slightly soluble in water. This compound is very voluminous at first, but gradually agglutinates to a tenacious, brown, uncrystallizable mass. 100 parts of water at 15 degrees C. dissolve one part of this salt. This insoluble nitrate, which may be produced by double decomposition between the acetate, chloride, or sulphate of emetine and nitrate of potash, forms the most distinctive character of emetine. Tannin abundantly precipitates emetine from its aqueous, alcoholic, or saline solutions. Solutions of iodine furnish with this alkaloid compounds very little soluble in water. Bichloride of mercury and iodohydrargyrate of potassium produce white compounds, insoluble in water and soluble in alcohol. The double salt formed with chloride of platinum is, on the contrary, soluble in water, and but very slightly so in alchhol. Emetine is also precipitated by molybdate of ammonia, and its salts are decomposed by basic acetate of lead.

The analysis of emetine by Pelletier and Dumas in 1823 led to the formula $C_{30}\ H_{22}\ NO_8$, but as this base does not form crystallizable salts, its saturating power was not determined. M. Lefort has therefore made several analyses of some of the salts of emetine for the purpose of ascertaining the true rational formula. Sulphuric and hydrochloric acids were carefully saturated with very pure emetine; the solutions, which were neutral to litmus paper, were evaporated and dried over lime and sulphuric acid. The resulting salts assumed the form of brownish friable transparent substances without any trace of crystalline form. The analyses of these compounds has led M. Lefort to double the numbers given above, and to write the formula of emetine as $C_{60}H_{44}N_2\ O_{16}$.

Diseases of House Painters.

The *British Medical Journal* says:

Owing to the impossibility of keeping paint from coming into contact with the skin whilst they are at work; owing to the almost universal practice amongst them of touching their food with unwashed hands; and to the habit of some of them of wearing corduroy, fustian, and other clothes difficult to cleanse, Painters absorb large quantities of the hurtful metal, and suffer gravely in consequence. An attack of colic may occur now and again, and the painter will recover; but if he continue to follow his trade, the more serious diseases—paralysis or kidney-disease—are almost certain to attack him at last, and to render him, if not entirely unable to work, so weak and prostrated, that in mental as well as physical power he will be but as the ghost of his former self. It is seldom that such workers are killed in early life; they lose power early, and soon become unable to perform a good day's work, but they drag through their labor for many years, suffering always from general weakness. From the time that lead has contaminated their bodies, their lives are wearisome and joyless.

In 1860-61, there were registered in England the deaths of 2,425 plumbers, painters, and glaziers. Of these, there were 73 between the ages of ten and and twenty; 153 between twenty and twenty-five; 348 between twenty-five and thirty-five; 470 between thirty-five and forty-five; 518 between forty-five and fifty-five; 450 between fifty-five and sixty-five; 293 between sixty-five and seventy-five; 109 between seventy-five and eighty-five; and 13 above eighty-five years.

Cases like the following are not unfrequently met with in practice.

A painter, aged twenty-nine, admitted as a patient under our care, stated that he had followed his trade for nine years, and that he began to suffer from lead-poisoning in the summer previous to his admission. For some days, he had intense debility and so much giddiness that he was unable to walk through the streets. He always had "low spirits," and was seldom free from water-brash. There was no local palsy of any kind; but slight constitutional paralysis and albuminuria existed; his gums had a characteristic dark grey leaden line where they joined the teeth.

A master-painter, accustomed "to use the brush occasionally," was under our treatment at the beginning of the year for general dropsy, associated with albuminuria, and nearly complete suppression of urine. The pericardium contained fluid, and the heart was much embarrassed in its action. He, too, had worked at his trade for many years, and now felt the effects of the metal, for the first time, in the acute renal disease which threatened his life.

These cases are sufficient to show that even those men who have worked amongst lead and its compounds for many years without suffering from the diseases produced by lead, insomuch as their constitutions are sufficiently strong in the early years of their trade-life to resist or to cast off the poison, yet feel its influence even after a very lengthened period,

when, it might be thought, they would have become habituated to the metal and hardened to their work.

Since lead is so dangerous a metal to work with, it is most desirable that all efforts to substitute other materials should meet with attentive consideration.

Different substances have been used instead of lead in the manufacture of paint, and with an encouraging amount of success. Zinc has been employed, and we have had favorable reports of it; the silicate of iron has also been used. The zinc is thinner than other paint, and workmen do not like it on this account, but in all other respects it is, we are told, as useful as leaden paint.

There are compulsory regulations with regard to the ventilation of workshops in the potteries, now placed under Governmental supervision; and workpeople are prohibited from taking their meals in the workrooms. The periodical cleansing of worksheds is also enjoined.

We would suggest that all workers among lead should, before commencing or resuming their work, wash their hands, not once, but many times a day, in a strong decoction of oak-bark, the tannin of which would not only harden the skin, but would protect it against the action of lead. We endorse the precautionary measures that have already been suggested, and urge that the hair of the workmen should be kept short.

All painters should wear, during their work, clean cloth caps. All their clothes should be made of materials that can be easily washed.

The workman's hands should always be washed before he touches his food; and, if they be stained with paint, they should be dipped into the oak-bark decoction.

The mouth should always be well rinsed with cold water before food is taken. We would suggest the use of weak oak-bark decoction as a wash several times a week.

The food should contain a large proportion of fatty substances. Milk should also be taken in large quantities.

The body should be sponged night and morning with cold or tepid water, and the hair should be washed thoroughly every evening after work.

When men or women are exposed occasionally to the fumes of lead, folded muslin, or a handkerchief, should be placed over the mouth; the outer layer of the band having been previously soaked with oak-bark decoction, and then rung out.

The use of iodine drinks has been suggested; but the *habitual* use of iodine is undesirable. We hold that this substance should be used solely as a medicine when symptoms of lead poisoning have actually commenced, and then it should be given under medical supervision.

Cottage Hospitals.

Sir James Simpson advocates this form of hospital. In a discussion in the *British Medical Journal* he says:

According to Mr. Coote, there is not room for such hospitals in London, though they may be "possible in America." They would be indubitably greatly cheaper in building and administration than palatial edifices. Nor would they occupy so much space as many seem to suppose. For, in constructing several blocks—whether of one, or two, or three, or four storys—the buildings, according to architectural rules, I am told, require to be placed at a distance from each other measuring once and a half, at least, the perpendicular height of their side walls. Hence many more structures of one story in height could be placed upon the same piece of ground than structures of two, three, or more storys. At the worst, the additional sum, be it £10,000 or £50,000, required to convert an hospital structure into an elaborated palace, would merely be in part required to purchase some additional ground. It would be expended in buying extent of site, instead of being expended upon architecture and extent of height in the buildings.

But are hospital villages and cottages—though "possible in America," as Mr. Coote allows—not possible in Europe, or even in London? In the grounds around many of the large hospitals in Germany, as I have already stated in these pages (see *Journal* for January 30) they have found them to be healthier—as at Frankfort, Leipsic, Dresden, etc. Twenty years ago I tried to point out that such hospitals might be made of iron,* as one material. In the grounds of a large London hospital, not much above a mile or two from the gates of St. Bartholomew's, Mr. Coote will find in use at present a cottage iron hospital—but, perhaps, not on the very best construction. On lately coming upon it unexpectedly, and inquiring for what cases it was specially employed, I was informed that it was used for ovariotomy, pyæmia, and other such dangerous operations and diseases. But if such cottage hospitals are deemed more safe for such great operations as ovariotomy, would they not be also more safe for amputations? And, if safer for amputations, would they not be safer for all surgical operations? And if safer for all surgical cases, would they not, on the same principle, be safer likewise for all medical cases?

——A memorandum found upon the person of the late Dr. Cruickshank, who was surgeon of Rajah Brooke of Sarawak, contains the following philosophic sentiment: "Some men are born vagabonds, some achieve vagabondage, and others have it thrust upon them. I may characterize myself as one of the last class."

* See *Edinburgh Monthly Journal of Medical Science* for 1848, p. 328.

Reviews and Book Notices.

NOTES ON BOOKS.

A carefully prepared paper by Dr. J. G. THOMAS, of Savannah, was read before the last meeting of the Georgia Medical Association, and has been published by that body. It is entitled The Importance of the Thermometer to the Physician in his Daily Practice. We shall take occasion to make some extracts from it.

Some months since we had occasion to call attention to a translation by Dr. JOHN WEIGHTMAN. He has lately made another, published likewise by Lindsay & Blackiston, of this city. It is the Treatment of Lachrymal Affections, by Prof. Arlt, and forms a pamphlet of thirty pages, with five illustrations. The author gives minute practical directions for introducing the lachrymal probe, which will be found of great service to opthalmologists and surgeons.

It is often of great interest to the physician to preserve his prescriptions, and a convenient mode of doing so is quite a desideratum to the profession. We have recently received a small blank book called a Perscription or Clinic Record, now in its sixth edition, from W. Wood & Co., 61 Walker street, which seems to answer the purpose quite well. The prescriptions are written twice, once for keeping, and once for the apothecary, and blanks are left to fill up with memoranda of pulse, respiration, temperature, etc. Price, 50 cents. We will send a copy to any one sending us a new subscriber.

A history of several cases of trichiniasis, occurring in his own practice, has been republished from the *Canada Medical Journal*, by Dr. W. E. BESSEY, of Montreal. The pamphlet has 20 pages, and is illustrated by two micro-photographs, which give an exceedingly clear idea of the appearance and habit of the creature.

We have received the Annual Report of the Ohio Penitentiary for the year 1868.

Fifty-fifth Annual Report of the Massachusetts General Hospital.

Address delivered before the Philadelphia County Medical Society, by George Hamilton, M. D.

The transactions of the Twentieth Annual Meeting of the Georgia Medical Association, held in Savannah, April, 1869, have been published in pamphlet form (pp. 52). They contain several interesting papers.

Now that we have such ready communication with California, the essay of our esteemed correspondent, Dr. T. M. LOGAN, of Sacramento, Cal., entitled "Medical History of the year 1868, in California," will be read with peculiar interest. It gives in a succinct and scientific form an excellent account of that great State from a physician's point of view It was published by order of the Sacramento Society for Medical improvement, and may be had of the author.

Dr. NATHAN ALLEN, of Lowell, Mass., has written an interesting essay on Physical Culture at Amherst College, an extract from which we will give elsewhere.

Here are several medical books included in recent English announcements:

Dr. R. B. CARTER "On the Use and Preservation of the Eyesight;" Dr. W. Marcet, "Notes on Diseases of the Larynx, investigated and treated with the assistance of the Laryngoscope;" Sir T. Watson's "Lectures on the Principles and Practice of Physic" (new edition); Dr. W. Odling's "Outlines of Chemistry; or Brief Notes of Chemical Facts" (this volume will be essentially descriptive in its character, and aim at calling to mind, in as few words as possible, the ascertained origins, properties, and metamorphoses of chemical substances; it will include a systematic account of the monad, diad, and triad non-metallic elements, and their principal combinations with each other; silicon and carbon with its series of methylic, formic, and cyanic compounds, and of the various metals arranged in natural groups, with their respective series of halides, oxides, oxisalts, etc.) Dr. J. Althaus's "Treatise on Medical Electricity, Theoretical and Practical, and its Use in the Treatment of Paralysis, Neuralgia and other Diseases" (new edition); Dr. J. Paget's "Lectures on Surgical Pathology" (new edition, revsied by the author and Prof. W. Turner.)

The Thermometer in Disease.

In a paper read before the Georgia Medical Association, Dr. J. G. THOMAS has the following remarks:

With every acute disease that I have made observations in, I find that where the temperature remains the same in the evening that it was in the morning it proves a good sign—but on the other hand, where it remains the same in the morning that it was in the evening previous, it is an indication that the patient is either getting or will get worse. In other words, where the temperature declines from morning to evening it is an indication of improvement—but rising from evening to morning it is ominous, and must admonish you that your patient is getting worse. In Pneumonia, where we see a marked fall in the temperature, we can be sure that the disease has marked a crisis, and improvement will begin—and this is the rule with regard to the majority of diseases; but with regard to Pneumonia, I have repeatedly seen it the case hours before I could have guessed at by other means. And I have repeatedly made a diagnosis of the same disease by the Thermometer long before the appearance of the crepitant rale made its appearance. In conclusion let me say that the subject has been but lightly touched—I have not gone into the results which can be observed by noticing the influence of remedies, which is of great value, but let let me again assure each one of you that for more than two years I have gained a more ready and reliable insight into my cases than by any other means at our disposal, and to those who have not given the subject their attention, that it will richly pay them in the same comfortable feeling if they pursue it with diligence.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 31, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

As we are about to reduce our stock of odd back numbers of the REPORTER, in order to make room, it is desirable that all who wish to complete their files should notify us *by the 10th of August*. Bills will be sent with the numbers ordered.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

THE SECOND INTERNATIONAL CONGRESS.

The first session of the International Medical Congress, which our readers will remember took place at Paris two years ago, this summer, was of the nature of a disappointment to most of the foreign delegates. It seemed to be under the control of a "ring," who designed to use it for their own glorification, irrespective of the equality of claims which by its name was the right of all who attended it. The result of this littleness of spirit on the part of the French managers was that the good effects we hoped, from a world-wide interchange of thought on the highest topics of medical science, turned out null. Still, we are not discouraged, and sincerely hope that the second meeting will be actuated by a more liberal spirit, and less self-seeking.

This second meeting takes place on the 20th of September next, at Florence, Italy. The Executive Committee was nominated last February and consists of well-known Italian physicians. Professor DE RENZI, of Naples, is President and Prof. BRUGNOLI of Bologna is general Secretary. The honorary presidency of the Congress is offered to M. BOUILLAUD, of Paris, who was president of the last meeting, and did not seem very well qualified for the post. The present session will last two weeks, meetings being held daily except on Sundays. All memoirs designed for the Congress are to be sent to the general Secretary, printed either in Latin or French.

The questions which it is proposed to discuss are such as have a general or international interest. They are seven in number. The first is on swamp miasm, the conditions of its development, its effects on the human body, and the means by which it can be destroyed The second is the therapeutical value of the different methods of treating cancerous disease, locally and generally. The third is the treatment of gunshot wounds, with especial reference to those caused by the more modern varieties of fire-arms, and their relations to international laws. The fourth is the hygienic condition of hospitals and the value of medical attendance at the houses of applicants. The fifth is the influence of railroads on human health. The sixth question refers to the endemic and epidemic diseases of great cities, their causes, prevention, and the sanitary uses that might be made of adjoining rivers or water-basins. The seventh question discusses the rights and duties of physicians with reference to general legislation, and the ameliorations which may be suggested in the legal status of the profession.

It is rather late for these questions to be submitted, as it is simply impossible for American physicians to write, translate, print, and forward to Italy memoirs in time for the Congress. We hope, however, some of them will avail themselves of this opportunity to visit Florence and its charming surroundings, so that our country will be at least represented.

AN INSTRUCTIVE AND POPULAR BOOK.

The very considerable attention which has been given lately to the study of the physiology and pathology of woman, and of the mys-

teries of reproduction in the human subject, has resulted in the discovery of many facts of the most curious and useful character, which ought to be known to every woman, especially to every married woman and married man, and to all who have the care of children, either as parents or educators. Yet hitherto no attempt has been made to popularize these facts. The subject-matter requires such delicate handling, besides such a ripe acquaintance with gynecology and vital statistics, that it is most difficult to speak at once plainly and not coarsely, in popular language yet with scientific precision.

We are glad to announce that such a work *has* been written and is now nearly ready for publication. The author's name is not unfamiliar to medical readers in this country, and the work has been submitted to critics of sound literary judgment outside the profession, who pronounce it admirably adapted to family reading. We hope, in a few weeks, to speak more fully about it, convinced that the profession will welcome it as warmly, as no doubt the public also will.

STUDY VS. HEALTH.

It is a prevalent notion that many men, especially young men, hurt themselves by hard study. This is a pleasant popular error to circulate, perhaps, but it remains nothing but an error. It has lately been repeated in various quarters apropos of the death of Mr. RAYMOND, of the *Times*. Our friend, Dr. SNOW, of Providence, summons to disprove it some facts from the mortuary records of the State of Massachusetts. He remarks that we find in the report for 1867, that in twenty-five years nearly, the deaths of 3,566 professional men had been reported, with an average age of 50.5 years, and 9,856 merchants, financiers, agents, &c., with an average age of 48.5 years. These averages are greater than those of any other class except farmers and mechanics working in the open air. The average age of active mechanics in shops is 47.9 years; of inactive mechanics in shops, 43 years; of laborers, 46.8 years; of factors laboring abroad, 34.2 years; of persons employed on the ocean, 45.5 years; of females, 38.7 years; of farmers, 64.2 years; and of active mechanics working in the open air, 51.2 years.

There is nothing here that indicates that brain labor shortens life, and when we look at the individual professions, the proof is still more marked. Thus the average of those who died in some of the most important professions and occupations, was as follows:

	Years.		*Years.*
Bankers	54.7	Judges and Justices	66.4
Bank Officers	54.8	Lawyers	56.1
Merchants	53.0	Physicians	56.0
Booksellers	50.5	Professors	56.0
Clergymen	57.8	Public Officers	54.5

The average age of the whole number of persons who died in the twenty-five years, whose occupations were specified, was 50.5 years. It seems, then, that bankers, merchants, clergymen, judges, lawyers, physicians and professors live longer than the average of all classes of occupations, and very much longer than laborers or inactive mechanics working in shops. Neither the hurry and excitement of bankers and merchants, nor the severe mental labor of clergymen, judges and lawyers, seem to shorten their lives. In fact, it will be noticed that the three professions last named, whose occupation is wholly brain labor, and of the most severe description, are the very highest on the list of average ages.

THE USES OF ALCOHOL.

What we said about this in a recent number of the REPORTER has been thus touched upon by an esteemed correspondent:

EDITORS MED. AND SURG. REPORTER: In the last number of your journal you state "that at least eighty per cent. of the alcohol manufactured in this country is employed in the arts, and further, that even if it were desirable to banish it, the thing can't be done."

How is that? I remember that the Hon. Joseph Lewis, when serving as Commissioner of Internal Revenue, estimated the amount of alcohol employed in the arts as certainly not over four per cent. of the quantity annually made.

That its banishment, as a beverage is desirable, and "the thing can be done," *I have demonstrated in the pamphlet I send you*, and which I commend to your prayerful consideration. S. STEBBINS.

We have read with attention those portions of Dr. STEBBINS' pamphlet referred to, and are glad to see such an able defence of prohibition, though our own observation, in several of the New England States, is very far from impressing us so favorably with the results of prohibition as the author would have us believe. The question as to the percentage of alcohol used in the arts, is interesting and worth answering correctly. Our own authority was one of the heaviest distillers of "high wines" in Illinois, who spoke of his own sales. We shall be glad to have definite and impartial information on the matter. We do *not* attach much weight to Mr. Lewis's estimate.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 21.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Remedies employed as Tonics.

[Continued from Bulletin No. 2.]

184. ℞. Acidi nitrici diluti, fʒj.
Syrupi zingiberis, fʒss.
Aquæ, fʒvss. M.

Tablespoonful every four hours. Especially useful in erysipelas, when typhoid symptoms predominate.

Prof. John B. Biddle.

185. ℞. Quiniæ sulphatis, gr. ij.
Ferri sulphatis, gr. j.
Strychniæ, gr. 1-60. M.

For one pill, ter die. An excellent tonic combination frequently prescribed by our author.

J. M. Da Costa, M. D.

186. ℞. Ferri pyrophosphatis, ʒj.
Aquæ bullientis, fʒss. M.
And add,
Extracti gentianæ fluidi, fʒss.
Curacoa, fʒiss.
Vini, q. s. ad fiat, fʒiv. M.

Teaspoonful ter die. This preparation, known as elixir gentianæ ferratæ, is much used and highly esteemed in this city.

William Murray, M. D., M. R. C. P., Lond., etc.

Camphor has a soothing and tonic influence, especially upon the nerves of organic life. It may be taken internally or, in exhaustion of the solar plexus, with faintness at the epigastrium, used externally in the form of a camphorated poultice, or in a bag worn next the skin. Baths containing camphor have a beneficial influence over the nerves of the hypogastric plexus and relieve many of the symptoms depending on irritation of the womb. While soothing it also exhilarates, when well borne by the stomach, and often removes the horrible sense of want or faintness accompanied by fear, which is referred to the epigastrium.

Thomas Hawkes Tanner, M. D., F. L. S., Lond.

187. ℞. Quiniæ sulphatis, gr. ij.
Acidi muriatici diluti, ♏ x.
Tincturæ ferri chloridi, ♏ xv.
Infusi calumbæ, fʒss.

For one dose in water, ter die. This preparation is also recommended by Dr. Aitken, particularly in the treatment of diptheria.

Prof. T. Gaillard Thomas, New York.

188. ℞. Magnesiæ sulphatis, ʒij,
Ferri sulphatis, gr. xvi.
Acidi sulphurici diluti, fʒj.
Aquæ, Oj. M.

Two tablespoonful in a tumbler of ice water every morning upon rising, when a ferruginous tonic combined with a saline is indicated. Or,

189. ℞. Potassæ et. sodæ tartratis, ʒij.
Vini ferri amari, (U. S. D.) fʒij.
Acidi tartarici, ʒiij.
Aquæ, fʒ x ij. M.

Two tablespoonful in a tumbler of ice water before breakfast. Should this dose be not sufficient two or three may be taken daily, for the result will prove tonic and reparative as well as cathartic.

190. ℞. One rennet, washed and chopped.
Vini rubri, Oj.

Mascerate for twelve days, and then decant, filter and add

Acidi nitro-muriatici diluti, fʒij.
Tincturæ nucis vomicæ, fʒij.
Bismuthi subnitratis, ʒij. M.

One tablespoonful in a quarter of a tumbler of water before each meal as a digestive tonic. This prescription embraces the tonic properties of nux vomica and the peculiar restorative influence of bismuth, with a fluid which resembles the gastric juice. In many cases of habitual indigestion our author has obtained from it the best results.

191. ℞. Quiniæ sulphatis, ℈ij.
Ferri sulphatis, ℈j.
Acidi sulphurici aromaticæ, gtt. x.
Muc. acaciæ, q. s. M.
ft. massa. in pil. xx. div.

Or to be taken three times a day before each meal.

Northern Ohio Lunatic Asylum.

A correspondent of the Pittsburgh *Commercial* gives the following account of a visit to the above named institution:

When the cars reached Newburgh, the site of the Northern Ohio Lunatic Asylum, your correspondent and others concluded to alight and visit the institution. We were amply repaid for our trouble. We were cordially received by Rev. E. Curtis, the efficient Chaplain, who conducted us around the beautiful grounds, comprising sixty-five acres. Dr J. M. Lewis, the able Superintendent, accompanied us over the entire building. This is a magnificent stone edifice, six hundred feet long, including wings

The main building is one hundred and twenty-five feet wide and four stories high, the wings being but three stories.

Three hundred patients can be conveniently accommodated. The number now is two hundred and ninty-four. After the destruction of the Asylum at Columbus last fall, one hundred and fifteen of the worst patients were brought here. Before this about seven in ten of the inmates were convalescent, but since this chronic accession the proportion is but one in three.

This Institution was founded in 1855. It is now under the direction of the following Board of Trustees: W. C. Earl, President; W. H. Price, Secretary; S. H. Pitkin, Alexander Steele, M. D., John Hutchins, C. P. Lockwood. The officers are as follows: Superintendent, J. M. Lewis, M. D.; First Assistant, S. H. Steward, M. D.; Second Assistant, J. F. Hobson, M. D.: Steward, J. C. Sheets; Matron, Mrs. Julia Huntingdon; Chaplain, Rev. E. Curtis. Aiding these are between forty and fifty attendants.

The arrangements for the comfort and cure of the patients are complete. For tidiness and cleanliness no institution can surpass it. The annual expenses are $65,000.

Pfeiffer's Vitalmeter.

There is on exhibition in New York, a curious invention bearing the above name, and designed to give notice in cases of premature burial to persons in the neighborhood of the grave, or, in fact, at any distance from it. The apparatus, which is very simple in construction, consists of a brass tube, 2½ inches in diameter, and of sufficient length to reach from the coffin to the surface of the ground. In the tube is a small brass rod terminating in a ball, which rests on the breast of the corpse. At the upper end of the tube are two electrical poles, positive and negative, connected by wires with an electro galvanic battery. The battery is connected to an alarm bell placed in the room of the person having charge of the cemetery. The slightest movement on the part of the person in the coffin moves the rod connected with the electrical poles, thus establishing a current between the battery and the alarm bell. The bell continues to ring until the current is broken. Fresh air sufficient to sustain life passes into the coffin through the tube, and the bad air passes off through the same medium. As soon as decomposition takes place the tube is withdrawn. Mr. Pfeiffer has remained over three hours under ground without experiencing any bad effects from it. There is no doubt but that it is admirably adapted for the purpose intended, and its universal adoption would no doubt prevent many deaths from premature burial.

Medical Education for Women.

A New York paper says: "Some years ago a number of lady medical students in this city forced their way into Bellevue College, and, for a time, attended lectures and operations there—very disagreeably. They might now learn something from the Edinburgh ladies who desire to become doctors. Finding their way to the University blocked, they have sent in an appeal praying for admission to the matriculation examinations, and offering to pay the medical Professors liberally to lecture to them separately." A better way for those ladies who *will* study medicine, is to resort to the woman's medical college of this city, where they will find all the facilities for acquiring a first class medical education.

New Color Test for Blood.

From some experiments made by Professor Bloxam of King's College, in a public lecture, says the London *Lancet*, it appears that the mixture of tincture of guaiacum and ozonized ether (that is to say, a solution of peroxide of hydrogen in ether) instantly produces with blood or blood-stains a beautiful blue tint. Professor Bloxam mentioned that he had extracted a single linen fibre in the case of a blood-stain twenty years old, and with an almost inappreciable amount of stain on it; and had found the characteristic blue color was immediately induced by the test, and readily detected by microscopical examination.

Correspondence.

DOMESTIC.

Physicians as Druggists.

NEW ORLEANS, July 17, 1869.

EDITORS MEDICAL AND SURGICAL REPORTER:

I am glad to observe that the amendment to the Code of Ethics proposed by me at the late meeting of the American Medical Association in this city, is receiving some attention. Discussion on the subject of mixing the business of the prescriber and dispenser is needed, and will be sure to elucidate the true bearing of the case; and I feel confident that your present unfavorable view of the amendment will be changed, provided you are willing to reconsider the question. It is evident that you are laboring under a misconception of the reasons and objects of this measure, and it may be that others fall into a like error; therefore, I crave your indulgence and some little space in your journal to offer an explanation.

The amendment is to apply only to "cities and towns where the services of competent apothecaries can conveniently be obtained." In the first place, it may be assumed that physicians engage in the dispensing business for about the same reason that

other people do—to make money—not because they love to handle and smell drugs, or intend to give them away, or sell them below the usual market rates. It is purely a matter of commerce, and has as little to do with benevolence and magnanimity as any other branch of trade. In point of fact, physicians in cities keep drug-stores simply because they cannot make a living in the legitimate practice of medicine, or because they are not satisfied with its own proper rewards.

It cannot be claimed that physicians are better qualified to dispense medicines than "competent apothecaries." In New Orleans practising physicians never put their own hands to dispensing their prescriptions; those who keep shops leaving this art entirely to their clerks, and engaging in it simply as a matter of trade and profit. I presume that this is the case in other cities also.

This amendment seeks to draw no invidious distinction in respectability between prescribers and dispensers; both are respectable, so far as they pursue their legitimate calling intelligently and honestly. In cities there is a propensity on the part of many individuals in both callings to trespass on the province of the other—the apothecary to prescribe over the counter, and the physician to keep a shop—because neither party is satisfied with the emoluments of his own proper business. Both, I think, are wrong—the one, because he is doing what he never was educated to do; the other, because he is sure to be demoralized by going beyond his proper sphere.

This last consideration brings me to what you characterize as "sufficiently vague," in the declaration that "physicians should not allow their pecuniary interests to compromise their duties to their patients." It is customary for our shop-keeping doctors to have a consultation office contiguous to the shop, and the whole establishment is styled an Infirmary or Dispensary. It is always expected that the prescription written by such a doctor will be taken to his shop, and some of them write their prescriptions in such language that they can be read no where else. Now, we pray not to be led into temptation; surely we should not run into it wilfully, with our eyes open. When a practitioner desires a profit on all the medicine prescribed by him, is it not clear that he is constantly tempted to prescribe more than the case actually requires? On this point I speak knowingly, having heard the complaints of people who have been to these establishments, about the quantities of medicine which they have had to pay for. Poor and simple people patronize them because they are not charged for the advice, and are not aware that the doctor is sure to reward his benevolence out of the profits on the physic. Is it not clear now, how one's duty to his patient may be compromised?

It may be said that this need not and ought not to be. Physicians are human, like other people; we do not dwell in Utopia, nor already realize the perfection of the millenium. I speak of things which actually exist under my own eyes, and which are the natural outgrowth of making a vile trade of the divine art of healing human maladies.

There is another piece of double-dealing covered by this amendment, which is derogatory to professional honor, equally compromising of professional duty, and deserving the reprobation of the highest medical authority in the land: I mean the private agreement so often entered into between apothecary and physician, by which the latter receives from the former a percentage on the price of medicines prescribed by him. It is not expected that any legislation can suppress such offences; but they are not the less to be condemned, on the same ground that we have statutes against the commission of sodomy and other unnatural crimes, with scarcely a possibility of obtaining conviction, however frequent offenses may be.

The plea that this provision would trench on personal liberty, already holds against our code of ethics, and against every code of laws ever enacted. The curtailing of personal liberty alone gives us security of life and property; its judicious exercise distinguishes civilization from barbarism; and any recognized curtailing at all marks the boundary between human intelligence and brute force.

You now see, Messrs. Editors, the abuses at which this amendment aims. It is not expected that all, especially the last, can be suppressed by it; and it is only asked that the Association express its condemnation of such practices. Many of those who fall under its reprobation do not hold allegiance to the Association, and others bear it lightly. Some would be deterred by the moral weight of the whole body, and the public would be the gainers; which is, after all, the chief consideration.

Very respectfully,

S. S. Herrick.

Practical Recipes.

Editors Med. and Surg. Reporter:

I send you the following recipes which I have found of great value:

To relieve a common felon ("Paronychia.")

℞. Pot. Permanganat ℈ii.
Aquæ ℥i.

Mix, and immerse the affected member in the solution for three minutes.

For Gonorrhoea:

℞. Oil Cubebs,
Oil Copaiba aa ℥iv.
Chloroform, ℥ij.
Creasot, gtts v.
Mucilage Acacia, q.s. for ℥iv.

Dose—Teaspoonful every four hours.

I have used the above prescription with the happiest results in the acute stage of the disease. The creasote corrects the nausea consequent upon the use of the oil. The chloroform relives the *painful priapism.* In conjunction, inject strong decoction of common black tea. Injection, however, not to be employed until after the third or fourth day. E. L. MASSIE, M. D.

Houston, Texas.

NEWS AND MISCELLANY.

——Dr. Magin, Professor of Ophthalmology in the University of Bologna, Italy, has gone to Lima, Peru, to operate on a merchant for a cataract. Besides the expenses of the journey for himself and his assistants, he is to be paid a fee of one hundred thousand francs, about twenty thousand dollars in gold.

—— THE CINCINNATI COLLEGE OE MEDICINE AND SURGERY.—The Cincinnati College of Medicine and Surgery held its commencement. Dr. LILENTHAL, President of the Board of Trustees, delivered an address, and presented diplomas to the graduates.

Dr. C. F. BUCKNER delivered the valedictory, and the exercises closed with prayer by the Rev. W. T. MOORE. The graduates, the Faculty, and invited visitors, afterward repaired to Keppler's, and partook of a collation. There were seventeen graduates.

[*Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

CLAPHAM—CLAPHAM. July 12th, by the Rev. Samuel Carlisle, Edward Clapham, esq., M. D., L. R. C. S. C., Professor of Anatomy, etc., Medical College, Iowa State University, and Kate, only daughter of Glover Clapman, esq., of New York, deceased.

CROWELL—ATKINSON. July 27th, by the Rev. Samuel M. Haskins, D. D., Rector of St. Marks, John M. Crowell, of New York, and Frances I., daughter of William H. Atkinson, of New York City.

ELLIS—BYLES. In Burlington, N. J., July 14th, by Rev. William Allen Johnson, Rector of St. Mary's Church, Charles Ellis, M. D., and Miss Elizabeth A. Byles, both of Burlington.

KELLOG—SNOW. July 22, at the residence of the bride's parents, by the Rev. J. Hyatt Smith, of Brooklyn, Peter C. Kellog of the latter place, and Julia, daughter of Dr. R. G. Snow, of Buffalo.

MARSDEN—KELLY. July 12th, by the Rev. Alfred Louderback, Dr. George F. Marsden, and Miss Bessie Kelly, daughter of George Kelly, all of this city.

DIED.

DALTON. Suddenly, July 17th. Sarah Horton, daughter of the late Warren Colburn, and wife of Dr. Edward B. Dalton, of New York.

EARLE. Suddenly, July 19th, Dr. F. O. Earle, of Rye, N. Y.

LEGGET. July 20th, at Flushing, L. I., Francis P. Legget, eldest daughter of Dr. Charles P. and Ellen C. Legget, aged 15 years and 6 months.

MARTIN. July 17th, at Boston, of paralysis, Mrs. Lorena D. Martin, wife of Dr. Joseph Lloyd Martin, of Baltimore.

TAYLOR. At Middletown, Ohio, July 15th, Elizabeth, wife of Dr. J. W. Taylor, aged 50 years.

QUERIES AND REPLIES.

ARTIFICIAL ABORTION.—*Messrs. Editors.*—"In the July 3d No. of your valuable journal there is an article on the crime of infanticide in utero, committed by a professional abortionist and reported by Dr EDWIN M. SNOW, Superintendent of Health of the city of Providence, R. I. I would ask if it be a crime to destroy the fœtus in utero for vain and wicked purposes; is it allowable to a physisician when called in to a difficult labor and he resorts to craniotimy, can he destroy the fœtus and be clear of censure? It is a question that many physicians would like to have answered. In works of Theology (Dens) the physician is prohibited from destroying the child, even to save the mother. The mother is rather to risk her own life by an operation than to endanger the life of the child. Will you give your opinion of this, to many physicians a great difficulty, and oblige

Yours truly, T. J. KENNEDY.

Castalian Springs, Tenn.

ANS. A few years ago the question here proposed was brought before the Academy of Medicine of Brussels. The Members ruled it out as *inconvenant.* We do not. It is, in our opinion, perfectly proper to destroy the infant *in utero,* when it is clear that, unless this is done, the mother must perish. This, we know, is the usual view taken by physicians in this country and Europe. We have repeatedly heard it taught in the medical schools of Paris. Except on theoretical or theological grounds, it has no opposers.

Dr. T. M. B.—I have a case, the symptoms of which are as follows: The patient is frequently affected with small white ulcerated spots on the tongue and membrane of the mouth and lips, not many at once and after remaining a few days they disappear to return in a few days or weeks, they are generally accompanied with a yellowish white coat on the tongue, and sometimes with depression of sprits. If you can give me any information as to cause or treatment it will be thankfully received."

ANS.—Use chlorate of potash, saturated solution, as a wash. The same drug taking internally, would also be useful, in all probability. Perhaps, too, iron is needed, internally.

Dr. A. B. L., of Ind.—The best pharmaceutical journals are the American Journal of Pharmacy, the Detroit Review of Medicine and Pharmacy, the Druggists Circular, and the Journal of Applied Chemistry.

For information about the College of Pharmacy of this city, apply to Wm. Proctor, Jr., 500 S. 9th st., Phila. and about that at Detroit to Dr. Geo. P. Andrews, Detroit.

Dr. F. E. H., of O.—"What per cent. off published rates can you buy recent medical works, such as Flint's Practice, Thomas Disease of Women."

ANSWER.—In amounts over $50.00 we allow 5 per cent. but under that amount we cannot allow a discount.

Dr. S. P. K., of N. J.—We cannot suggest treatment in the case of Dyspepsia you mention, as it is impossible to do so without a more intimate knowledge of the case than you give us. We reccomend Budd on the Stomach, and Chamber's Indigestion for your perusal.

Dr. M. C., of Mass.—We have none of the copies to spare which contains Prof. Gross' address, but hope to have them soon and will then send them to you.

Dr. W. M. M., of Pa.—The yellow sulphite of arsenic is known as orpiment, and is easily obtained from druggists. Its use, however, must be limited, as it is a dangerous poison.

Dr. S. L. D., of O.—A good case of dissecting instruments about $10.00. They can be had, however, for $5.00 or $6.00.

Dr. S. I., of Ill.—The price of Smith's Treatise on Diseases of Children is $3.50.

THE

MEDICAL AND SURGICAL REPORTER.

No. 649.] PHILADELPHIA, AUGUST 7, 1869. [Vol. XXI.—No. 6.

Original Department.

Communications.

CASE OF CHRONIC OTITIS INTERNA WITH ACUTE ATTACK EXTENDING TO THE BRAIN, FOLLOWED BY DEATH; WITH POST MORTEM EXAMINATION, etc.

By Laurence Turnbull, M. D.,

Surgeon to the Department of Diseases of the Eye and Ear of the Howard Hospital, Phila.

Mary E. C., aged 15 years and 8 months. About two years ago, 1866, suffered from an acute attack of otitis externa from cold, involving the membrana tympani. She applied as a patient under my care at Howard Hospital. She was treated by the application of Tincture of Iodine over the mastoid process, with active purgatives. When the acute symptoms disappeared, the cleansing wash of warm water was changed to a mild astringent one, and she was put on the internal use of the Syrup of the Iodide of Iron. After a few visits she ceased her attendance. She applied at the Hospital again, on the 14th of December, 1868, with an acute attack of otitis interna; the pain was intense; parts swollen, even the cheek on the left side; the pain was also over the occipital region. The history given by her mother, an intelligent, but feeble woman, was as follows: That the girl had recovered from her former attack with some loss of hearing, with now and then some pain and slight discharge from the ear. She was, however, affected at times with a distressing feeling of giddiness, and had to give up part of her occupation of pressing goods requiring a stooping forward, and at times this feeling was so strong that she was sure, had she not taken hold of some object to support herself, she would have fallen.

At the age of *fourteen* she began to menstruate, and always after, the flow came very freely, even more in quantity than her mother at her age; this, however, brought no relief to the symptoms of giddiness, and yet she was bright, cheerful, and her general health seemed otherwise good.

As the external meatus was full of pus and mucus, she was directed to have warm water to wash the parts out with solution argenti nitratis, applied to diminish the puss and leeches at the lower part of the auricle, with foot-baths and anodynes to relieve pain and procure sleep. After the acute symptoms had disappeared, blistering and cupping, dressed with morphia, was freely employed; and, to affect the brain symptoms, large doses of Bromide of Potassium and Iodide of Potassium; but most of these remedies were rejected by the stomach, as there was constant violent vomiting — against which numerous agents were employed, none of them procuring much relief except small pieces of ice. There was a constant tendency to constipation which was relieved chiefly by injections of warm water. The chief point of pain was from the top of the spinal column to the occipital bone. Her pupils were generally contracted with defective vision; pulse varying from 70 to 90. During the last two weeks the eyes became injected, and unless under the influence of atropia, she was not able to see at all distinctly.

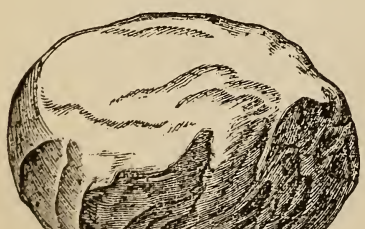
January 26, Prof. James A. Meigs visited the case with me in consultation, and confirmed my diagnosis that an abscess or abscesses had formed on or in the brain; he recommended the use of morphia to relieve pain, and to continue the use of the bromide of potassium and blistering. The ear still continued to discharge pus and mucous, and only once blood, and once a piece of bone,

was discharged, which was lost before I had an opportunity of seeing it. Her head was kept on a pillow, bent forward on her chest, and if it was moved it gave her great pain, and in one instance when moved to change an under garment it produced such a severe convulsive movement that it was thought she was dead. There was slight internal strabismus with a tendency in the tongue to be protruded to the left side. She discharged a considerable amount of mucus, etc., by the mouth and nose, but never had a cough or pain in her chest. She swallowed without difficulty; could move her arms and limbs; her tongue was moist until two days before her death, when it became almost black. She died, Feb. 15th, 1869, without a struggle, singing a few hours before she passed away. She was deaf in the left ear except after a free discharge of pus or blood.

Post mortem 48 hours after death, assisted by Dr. James Collins, Dr. J. S. Cohen and C. S. Turnbull, medical student.

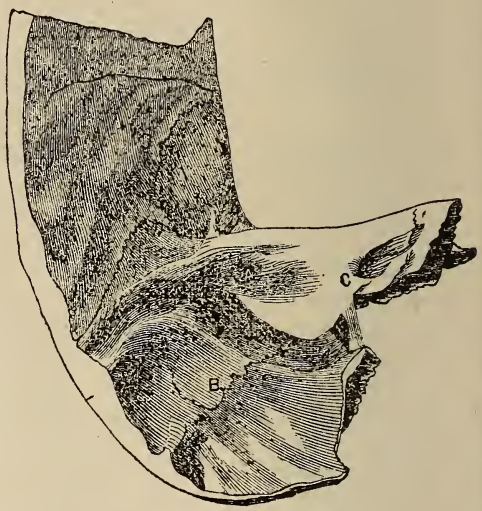
The incision was made through skin fascia and muscles down to the bone on a line with the ear, and the scalp dissected back to the occiput, and forward, so as to expose the temporal bone, cutting close to the bone and zygomatic process; the cranium was sawn through posterior to the coronal suture, so as to prevent deformity. A second incision was made just above the temporal bone back to the occipital bone and then the temporal bone sawn down to the base, and by means of the chisel the bone was separated so as to obtain the bony portion of the ear entire to examine it. The brain was then removed, cutting carefully into its membranes which were slightly congested; veins very turgid; surface of brain congested; effusion in ventricle

FIG. 1.



containing three ounces of serum, and vessels much distended, but no abscess in brain or on its surface; slight effusion in sheath of optic nerve. The cerebellum was then removed; it was softened, and the left lobe, when cut into, was found to contain a sac (Fig. 1,) of pyogenic membrane containing about two ounces of green pus, which did not separate when allowed to stand. When examined by the microscope there was seen true pus globules. There was thickening of the membranes at this point, and a necrosis of the bone opposite it into the middle ear, as seen in the drawing (Fig. 2).

FIG. 2.



Examination of the bone removed.

The temporal bone was deficient in size, slightly necrosed, with a small necrosis, opening it through the membranes into the cerebellum; on the one side, and into the middle ear on the other. This sinus was filled with dark colored coagula.

The lining of the whole of the external meatus was soft, elevated, and of a dark color; its surface was denuded of epidermis beneath its purulent matter. There was but a small rim of membrana tympani, and a part of one of the small bones. Upon filing the bone down to the semicircular canals, it was found that they were also filled with this pus, etc. By making a section with a very delicate saw through the horizontal portion of these cavities, the vestible and cochlea were exposed. A portion of the membranous labyrinth was removed and examined, and it was found to contain pus globules. The nerve, as it passed from the external ear to the brain, the portio dura, was healthy, but the portio mollis of the seventh pair, the auditory proper, was diseased.

A portion of the brain, under the microscope, was normal in structure, but the cerebellum had lost its beautiful arbor vitæ-like character, its fibers being broken and softened.

Remarks.—This adds another proof that abscess of the cerebellum produces no paralytic symptoms, except, perhaps, of the chorda tympani, affecting the tongue.

"It is usually supposed that lesions of the cerebellum almost always produce paralytic symptoms on the opposite side.* In Cruveilhier's case, where well-marked atrophy of the left side of the cerebellum was found, no paralysis existed.† In Schroeder Van der Kolk's case,‡ the paralysis was evidently the result of the opposite atrophy of the cerebrum; the atrophy of the one hemisphere of the cerebellum seemed in this instance to have given rise to no symptoms."

There are many cases of abscesses, tumors, etc., of the cerebellum that have been observed in the human subject by Andral and others without any marked disturbance of the co-ordinating power. In many cases, the injury of the cerebellum in animals as a whole, in experiments by Flourens, Hartwich, Dalton, and others, may be owing in part to the destruction or injury of a part of the optic tubercle, which is so close to the cerebellum of the pigeon, and therefore loss or injury of sight would cause all sorts of irregular movements.

As also observed by Van der Kolk.

Generally speaking, I suspect that the phenomena of disturbed movement in vivisections after lesions of the cerebellum are to be explained as the result of irritation conveyed through the fibres of the pons varolii from the cerebellum to the corpora pyramidalia, whereby we can further easily account for the fact that these lesions produce their effects on the opposite side, whither they are transferred through the inferior decussation of the corpora pyramidalia. The experiments of Flourens and Hartwich, therefore, appear to him properly to prove nothing, for the direct influence of the cerebellum on motion, much less on the so-called co-ordination of movement, as we see that in a frog, where the whole head with the cerebellum is cut away, irritation of the hind foot is capable of exciting, by reflexion, jumps, and perfectly co-ordinate movements, the cause of which is, therefore, to be sought, not in the cerebellum, but in the spinal cord."

This class of ear cases, according to Joynbee, are remarkable and rare, for there is no evidence to prove that the disease originated elsewhere than in the meatus; and it is apparent, from the direct communication by blood-vessels between the membranus meatus and the bone forming the lateral sinius, that disease could be easily transferred from the inflamed meatus to the bone beneath. Most of the instances which we have seen, and are also recorded, are cases advancing from the tympanic cavity, or mastoid cells, outwards to the meatus, in which process the cerebellum and lateral sinus were implicated.

This affection is termed by Joynbee chronic catarrh of the dermoid meatus and the mucus membrane of the tympanum. We prefer the name at the head of this article, as our dissection proves the disease of the bone.

PARTURIENT EFFECTS OF THE SULPHATE OF MORPHIA,

By Harvey L. Byrd, M. D.,

Professor of Obstetrics in the Medical Department of Washington University, Baltimore, M. D.

It would be supererogatory labour, to enter into an anatomical description of the uterus, or even to do more than allude to its chief physiological function, where the therapeutical action of a remedial agent upon its parturient efforts is only to be noticed. It is recognized anatomically as a hollow muscle—and it doubtless has fibres passing in all directions through its structure, though it may be difficult to clearly demonstrate this last statement under the scalpel, its physiological action during gestation and parturition clearly establishes their existence.

At any point of view from which we may contemplate this wonderful organ, the interest which it inspires is found to be of the most absorbing character; and we scarce know where to stop when attempting to reduce our thoughts and reflections to writing, in regard to it.

As my intention, however, is merely to allude to a *therapeutical fact*, which has been repeatedly demonstrated under my observation, during the past twelve years, I must content myself with merely calling the attention of the profession to it for the present.

I state that I am about to record a therapeutical fact; and though it may be familiar to many physicians, yet there are some mem-

* Longet: "Traite de Physiologie," tome. 11, p. 260
† Cruveilhier: "Anat. Path.," livr. v. obs. 3 pl. v
‡ Case of Atrophy of the left hemisphere of the brain by I. L. C. Schroeder Van der Kolk, Professor University of Utrecht. Translated for the New Sydenham Society; London, 1861.

bers of the profession with whom I have conversed, who were previously unacquainted with its existence—I allude to the effects of the sulph. morphia in increasing the parturient efforts of the uterus.

I was called about 12 o'clock, on a cold night during the winter of 1846, to visit Mrs. C., of Georgetown, S. C., whom I found on my arrival to be in labour with her first child. My patient was about eighteen years of age, delicate constitution, and of nervo-sanguineous temperament. She experienced the premonitory pains of labour, as I was told, about 7 o'clock, that evening, or about five hours prior to my being sent for; and the pains when I arrived were found to be frequent, but feeble, and of short duration.

I found the os uteri dilated to the diameter of about three-fourths of an inch, or a little more; and having ascertained that the head presented, I determined to await the "action of nature."

After remaining with my patient quite four hours, and observing that the pains diminished, both in frequency and strength, I made another per-vaginam examination, and ascertained that but little advancement had taken place in the dilatations of the os.

The pains having enfeebled her energies, both physical and mental, I resolved to procure her the refreshing influences of sleep, of which she had been wholly deprived from the previous night. I accordingly divided a grain of the sulph. morphia into *three* equal parts, and gave her one of them, in a little water, and requested her husband, her only attendant, to repeat the dose if she did not sleep in half an hour, and to give her the last dose in an hour thereafter, if she still remained awake. I returned home, and as I became comfortable in bed, congratulated myself with having made a prescription, which, I expected, would enable my patient and myself to rest quietly during the remainder of the night.

It is not difficult for a medical man to imagine my annoyance and disappointment, as I awoke by a furious rapping at my door, and upon introducing my head from the street window, to hear the husband of my patient exclaim, "For God's sake, come down stairs, and run to see my wife." I dressed with all the dispatch I was capable of, and proceeded at once to his house, which I reached in precisely one hour from the the time at which I left it. Upon passing my hand between the thighs of my patient in the direction of the vulva, it encountered the head of the child emerging into the world.

The labour was soon concluded; and both the mother and child did "as well as could have been expected." The whole case I regarded at that time as a remarkable one, and I thought that the morphia—two portions of which she took—must have had something to do with expediting the labour, though I had never heard parturient properties ascribed to it. On the contrary, I had been taught to regard anodynes as possessing exactly opposite effects. Some months after my patient had recovered, I met her and inquired the history of my hour's absence from her lying-in chamber.

She stated that she felt a slight inclination to sleep about 15 or 20 minutes after my departure, but was prevented from doing so by a rather violent return of the interim pains, after which they continued to increase.

Her husband gave her the *second* dose at the expiration of the *half hour*, as I had directed him, after which a slight intermission occurred for six or eight minutes, only to be followed, however, by pains of greater frequency and intensity.

The history of the action of the sulph. of morphia, in Mrs. C's. case, is but the prototype of dozens of others, so that *now* I seldom administer a dose of morphia during labor, except for its parturient effects. It is true that in some cases its hypnotic effects are prompt and pleasant; but I prefer in almost all of my cases to administer some of the preparations of valerian when I wish to procure rest to my patient from harrassing labor pains.

I do not regard *morphia* as possessing *superior* properties to the *secale cornutum*; but I believe it is as generally certain in its effects as that article. Indeed, I have several times administered the morphia with success in arousing the dormant contractions of the uterus when a genuine article of the secale had failed in increasing, or rendering more persistent the uterine contractions.

My friend and colleague, Prof. Steele, informs me that he has frequently seen some of the other preparations of opium act in a similar manner to the salt of morphia, in increasing the parturient efforts of the womb.

The above article was copied from the *Oglethorpe Medical and Surgical* for June, 1858, by my friend and student, Mr. V. St. Clair

McNider, under the impression that it would be found useful as confirming the correctness of the statements of Dr. P. C. Barker, on the action of *opium upon the uterus*, copied from the New York *Medical Journal*, in No. 3 current volume of the *Reporter*, if in no other respect.

I will add, that after an experience of more than twenty years with opium, and particularly morphia, its most valuable preparation as a promoter of uterine contractions, I am prepared to fully endorse all that Dr. Barker has said in commendation of its properties. The journal in which my article originally appeared was of limited circulation, and it probably never met the eye of Dr. Barker, though I find attention is drawn to it at page 529, vol. III of the *North American Medico-Chirurgical Review* for 1859, and it may also have been referred to by other exchanges.

HOSPITAL GLEANINGS.

By Jas. B. Burnet, M, D.,
Of Newark, N. J.

(Continued from page 49.)

No. III.

1. GENERAL PARALYSIS FOLLOWING CONGESTION OF THE SPINAL CORD.

This patient, a woman, after a hard morning's work in August, had lain down by an open window while she was perspiring very freely. She had not been asleep over an hour, when she was awakened by a tingling sensation in her legs, as if they were asleep. Upon trial, she found that she could scarcely walk. This peculiar sensation and paralysis extended up her thighs, and in the night she was awakened by a similar sensation in her hands and arms, and then found herself completely paralyzed. One month after the attack, she came into the Hospital, and was subjected to various treatments. She steadily improved, whatever way the treatment, whether belladonna, ergot, counter-irritation to the spine, or tonics, and was discharged *eight months* after the attack, perfectly well.

2. Abscess of Cerebellum.

This patient, a woman, was stout and healthy looking. When admitted to the Ward, the only thing she complained of was a great pain behind her left ear. This pain extended down her neck. After she had been in the Ward about four days, without any previous serious symptoms, she suddenly died. The *autopsy* revealed an immense abscess, involving the whole left lobe of the cerebellum, with the exception of a thin covering of brain matter for its walls. It had opened against the posterior portion of the petrous portion of the temporal bone, denuding it of its covering, and being collected at the base of the brain.

3. Fracture of the 7th Cervical Vertebra.

This patient, a man, shortly before his admission, had fallen backwards and downwards, a distance of several feet. He was in the following condition, when admitted: the only external mark of injury was upon the top of his head; no fracture of the skull was found.

He could talk a little, and was perfectly conscious. Below the neck there was total absence of motion and sensation, with partial priapism. He suffered no pain. The diaphragm acted efficiently. He died 12 hours after the accident. The post-mortem examination revealed the body of the 7th cervical vertebra fractured at its upper edge obliquely upwards and backwards into the intervertebral substance between the sixth and seventh vertebræ.

4. TWO CASES OF LUMBAR ABSCESS.

A man, 30 years of age, was sent into the Bellevue Hospital, who had been in quarantine with typhoid symptoms. He was found to have an abscess already opened upon his right dorsum ilii, about three and one-half inches below the crest. This abscess was discharging profusely. He came into the ward March 17th. On the 3d of April he showed signs of peritonitis, and died on the 6th. He had walked to the water-closet every day, until his peritonitis came on. The peritonitis was supposed to be due to the abscess, but diseased vertebræ were not suspected, as he had given no symptoms of the disease. The *autopsy* revealed well-marked peritonitis, with a half gallon of sero-purulent fluid in the abdominal cavity. Following the course of the abscess, it was found to communicate with the last two lumbar vertebræ, both of which were soft from caries. The caries was connected to the abscess by a sinus that led over the crest of the ilium. This case was interesting on account of the fact that so large a man could go around, almost up to the day of his death, with such extensive caries of the vertebræ, showing that the tenderness and disposition to stoop cannot always be relied upon in forming the diagnosis of lumbar abscess.

Case 2. A woman, aged 26, was admitted to the Hospital on March 31. In November she

felt a stiffness in the right groin, and on examination she found a small tumor, painful on pressure, but of normal color. In three weeks it suppurated, broke and discharged. Soon after the left hip and thigh became painful, something like the pain of rheumatism. She was put upon tonics and cod-liver oil. A probe introduced could detect no diseased bone, but the discharge and direction of the senus, and the tenderness on pressure over the sacrum, leave no room for doubt that the patient has a lumbar abscess.

V. CASE OF APOPLEXY.

A man was brought into the Hospital in an insensible condition, supposed to be suffering from fracture of the skull. He died soon after. At the antopsy a clot of very great size was found to cover the *right* cerebral hemisphere. The facts most worthy of note are that the dilatation of the pupil and the paralysis were on the *right side.* A clot was diagnosed before death, but it was supposed to be on the *left side.*

6. CASE OF ENCEPHALOID DISEASE OF MAMMA.

Catharine Gilmartin, aged 40 years, was admitted to the Bellevue hospital on May 24th. She gives the following history of herself: One year ago her breast began to swell, a fact which she noticed accidently, and not from the pain. It was unaltered in color, and painless. After two months she poulticed it, when it became painful and mottled. From the second to the seventh month, it increased in size and pain, and commenced to sprout out. At the end of the tenth month, it was in its present condition. She is unmarried—menses stopped three months since. None of her relative ever had cancer. Has never injured her breast. The tumor at present is immense, having a surface nearly circular of a diameter of seven inches. Where this fungus looking mass is attached to the breast, it is constricted and like a pedicle. The mass is two inches thick. The excrescence is very nodular and rough looking, precisely like a *boiled cauliflower.* It is covered with a thin, yellow, purulent discharge, which is quite offensive. Her general condition is very good.

EFFECTS OF CONTINUED ETHERIZATION.

By M. L. Roland, A. A. S., U. S. A.
Of Fort Stockton, Texas.

In looking over the February numbers this year I see an article quite suggestive of the effect of chloroform and ether. The article was taken from a Boston Medical Journal. I recognize a very familiar name in Dr. Gilmer, of Lowel, Massachusetts. He was on duty with me at a General Hospital in Washington city during the war. He alluded to the continuous effect of etherization upon the mental economy, and it is inferred therefrom that its continuous use will produce insanity, and he also stated that he was on duty at a General Hospital in D. C., and became aquainted with a Surgeon who got in the habit of inhaling ether for its exhilerating effects. He went insane and was taken to an asylum. Curious as it may be, I am the individual to whom he alludes. I do not wish to offer any plea of defence, for I do not suppose that it would be in the least derogatory to a man's character to be sent to an asylum when he was in pursuit of truth, offering his body and mind a living sacrifice attempting its divulgence. I am at liberty to believe now that I enjoy a clear head, free from the cob webs of delusion, and I suppose that my position in active service in the U. S. Army will ever veto the idea of my being insane. I will not pretend to state the cost both morally and socially of the etherical experiment; yet it has torn every fibre of my nature; and yet, too, like the palm tree, I've waxen stronger from oppression. In this beautiful land and climate of Texas, I'm breathing a free air, and now my mind is poised too far above to receive the common blows of man. But to my subject. Strange as it may appear with all my delusions, or hallucinations, or spiritual phenomena, I still retained my balance, that is, I knew what I was about, yet purpose yielded to the bewilderment of strange visitations and I preferred to live in a spectral realm instead of life's sober realities, and it was in this happy, dreamy state of existence that I was escorted to an asylum for the insane. Yet I was so ethereal with singing and the like, that I knew what was transpiring and but little cared, (for I was ethereally happy and drunk when taken.) I took it two or three times a week for about five months, and perceived nothing remarkable in its effects till about six weeks after that time, when I embarked upon a most hazardous undertaking. Yet I knew the goal of truth laid in its folded leaves and depths. Dr. Gilman states that I used the ether for its exhilerating effects. This statement embodies a great question that makes the scientific world stand aghast against the spiritual.

Now, I wish to keep within the bounds of

common sense and ordinary comprehension. I do not wish to dilate upon matters and things too mythical. I wish to deal in realities, even if they jump the bounds of the spiritual world. This is an age of great development—an age of conflict—an age of revelation. The human mind accepts doctrines of various kinds from intuition, without demonstration or explanation; or, in other words, what the Christian calls *faith*. 'Tis a great satisfaction to us poor mortal *worms* of the dust to have positive demonstrations—something tangible to the intellect—something it can take hold of and then solve the unexplained riddles, the mind and heart sifting them to such an extent as at times to drive both mad.

In giving my full experience with this remarkable substance (Æther-Sulphuricus), I wish to be correctly understood. I do not wish the reader for a moment to suppose that I accept the delusion, or its representation, for a reality, for then the world would pronounce me mad and lunatic. If I say that I held intercourse with spirits, and received information from them on various scientific and spiritual things, I will say that they were all mental creations from a congested brain whilst under the influence of Ætherization. I must do so to give my pen sufficient latitude. Yet I must also say that I do it with a reservation known only to myself; but, before I say anything regarding the unnatural world, it is better, I think, to describe ether's direct effect upon the special organs of sensation. After its continuous use for five months, I perceived that my sight became intensified, and, more remarkably so my organ of hearing. This was owing to congestion of their center. The smallest vehicle running along the street seemed like the rumbling of heavy artillery. Music was terribly exaggerated to my ear. It came in heavy swells and volumes. I could see away, away off into the sky, which seems so very high. All objects to me retained their natural proportions, yet my brain and mind were intensified, and I enjoyed everything ten-fold. I must say I was delightfully drunk.

On one occasion I was walking down Pennsylvania avenue in Washington, on a moonlight evening. As I was crossing it; all of a sudden the moon got going zig-zag down south, but I stood up straight. I could not understand, for the time being. I ran at my full might and gave the alarm that the world was coming to an end, as I thought really, simply because I did actually see old Luna in such a freak, and I was not aware that my vision was disturbed. I accepted the evidence of my senses. I forgot to state, relative to intensification of the senses by ether, that my organs of smell were most remarkably affected. About this time I was in the country, and the air was redolent with the most delightful perfumes; when others inhaled the air they perceived none, yet my olfactory organs did. The air was laden with them, lulling my senses in a dreamy repose. And as I looked upon the green fields and trees they looked floating and wave-like, and mingling with the air. In this state I rode to the Asylum, breathing the most delicious perfume, riding amid the hills and trees, rolling in billows and it seemed upon a cloud, singing an air from Byron:

> I would I were a careless child
> Still dwelling in my highland cave,
> Or roaming through the dusky wild,
> Or bounding o'er the dark blue wave.

I was almost realizing the very tune I was singing. This fact just shows we ought not, as a rule, to accept the evidence of our senses, for who knows when his senses are morbidly deranged (speaking medically). The brain is the receptaculum of impressions, and these impressions are in direct relation to its organs' intensification. I have established this by the use of ether. I have also intensified the sensation of light by passing an electrical current through my brain from the top of my head. It passed somewhere in the brain, through the fountain head of light, which is of itself, in my candid opinion, purely sensational and subject to a positive demonstration.

Medical Societies.

YORK COUNTY (PA.) MEDICAL SOCIETY.

Recently the physicians of York county met at Wrightsville, Pa., and formed the York County Medical Society. A Constitution and By-Laws were reported by the committee, and adopted. The officers elected for the ensuing year were as follows: B. F. Porter, M. D., President; Y. Sappington, Jr., and S. Y. Finley, Vice-Presidents; W. B. Bigler, Secretary; A. M. Ramsay, Assistant Secretary; Jas. Y. Bryan, Treasurer.

The meetings of the Society will be quarterly, on the second Wednesdays of April, July, October and November. Annual meeting in April of each year. The next regular meeting will be on Wednesday, October 13th, 1869, when papers will be read by Drs. N. B. Bryan, Wm. B. Bigler, &c., and a discussion come up on the the Epidemics of 1869.

W. B. Bigler, Sec'y.

Editorial Department.

Periscope.

Syphilitic Insanity.

A case of this rare form of syphilitic disease is reported by Dr. S. W. D. Williams, in the *Journal of Mental Science*. As it is important to recognize this Sequela of specific disease, we quote it.

F. P. Single, female, æt 27 years. Admitted into the Sussex Lunatic Asylum, Hayward's Heath, 2d June, 1867.

History of Case.—No hereditary taint. Never married. Never had children. Has led a life of intemperance and dissipation, and for some time past has gained her living as a Brighton common prostitute. She was admitted into the Brighton Workhouse about nine weeks ago, suffering from delirium tremens and syphilis. When the more violent delirium subsided she became depressed and hypochondriacal, refused her food, and threatened to destroy herself, and lapsed gradually into extremely dirty habits.

State on Admission. (a.) Mentally.—She appears to be suffering from a hypochondriacal melancholy. She is low and depressed, and taciturn. Sits apart from the society of others all her time, brooding over her sins, wishing herself dead, and at intervals exclaiming, "Oh, God, I am ready to die, take me and give me a razor to cut my throat with." She takes no thought whatever as to her personal appearance, would not eat unless fed, and is perfectly callous to the calls of nature. Yet her memory appears to be good. If aroused out of her self-egoism she will answer questions with intelligence, and can give a collected account of herself and her symptoms.

(b.) Physically.—She is very stout, and for a person of her stature weighs heavily, but the muscles are soft and flabby, and there is a deceptive semblance of health about her pink cheeks. The heart's action is at times irregular—now feeble—now rapid —but there is no distinct bruit. Her lips are blue and tongue white. There is a white discharge from the vagina, and there are well marked evidences of secondary and tertiary syphilis about her body.

Thus there are patches of venereal lichen about the trunk and legs, there are condylomata on the labia, and she owns to having suffered from a chronic sore throat and offensive discharge from the nose for some months.

At times she appeared to suffer severely from pains in the head, especially at the left temple—indeed, occasionally, she almost screamed aloud from the pain, it was of so severe, although transitive, a nature. This head-ache was at times accompanied with vertigo and drumming in the ears, and appeared to effect the sense of hearing considerably.* The irides were frequently very contracted, but she would not own to any defect of sight or double vision.

Progress of the Case. 1867, July 4th.—The treatment ordered after admission was that the bowels should be smartly purged to begin with, and an occasional aperient given as required; that she should take a warm bath daily; that her food should be nutritious, but light and digestible, and that stimulants be avoided. Appropriate remedies were also ordered for the local discharge.

July 12th.—In many respects much improved. The eruption is dying away, and the discharge has ceased. She is more cheerful, less confused in her ideas, and does a little odd-work about the house.

August 4th.—Had a fit of an epileptiform character this morning which lasted for eight minutes. She was severely convulsed, and quite lost her consciousness. Was very confused for some time afterwards, but towards evening recovered. The eruption has returned:

℞.	Potass. Iodid.	℈ij.	
	Sp. Ammon. Aromat.	fʒiv.	
	Aquæ, ad	fʒxij.	M.
	Sumat fʒi ter die.		

1868, January 7th.—A great change has gradually come over her since the last entry. Instead of being depressed and hypochondriacal, she has become noisy and restless—extremely spiteful, especially to her fellow-patients, and very mischievous. The eruption has again disappeared. There are no head symptoms, and the medicine has been omitted.

She is working in the laundry, but is of little real use.

April 7th.—Has been again complaining greatly of pains in the head and vertigo. Her vision is now undoubtedly becoming defective, and she gets very deaf—together with these symptoms partial paralysis has lately come on very slowly and almost imperceptibly. It affects chiefly the left side, and more especially the arm. Mentally she is becoming more demented, her memory is very bad, her habits extremely filthy, and she sleeps or dozes away most of her time.

* Dr. Ludgwig Meyer, in a paper published in the *Allgem. Zeitschrift fur Psychiatrie* entitled *Ueber Constitutionelle Syphilis des Gehirns*, found these symptoms in nearly all the cases of Syphiloma of the Brain he records.

To return to the Iodide of Potassium in increased and increasing doses—and to have the most nourishing diet.

June 23d.—Had a slight, paralytic seizure yesterday, and was convulsed for a time. The face is drawn awry—the left eye squints—the speech is much affected, and she drags one leg a little. Her appetite remains good, and she takes plenty of food.

June 25th.—Has been very sick all to-day, bringing up nearly everything she takes—she still eats with avidity all that is given her.

Omit medicine and confine her to essence of beef-tea and brandy for a time. Administer Hyd. c. Cretæ, gr. iii., three times a day.

July 6th.—No improvement—remains very helpless and debilitated Is almost quite deaf; can only just see sufficiently to crawl from one chair to another—frequently vomits her food, and is altogether a pitiable object. The administration of the mercury was carried out until her gums were sore.

August 17th.—Was again convulsed for a time to-day, and the paralysis of the right side of the face has become much more marked, and her articulation decidedly more indistinct. She now remains in bed entirely.

September 4th.—Becomes slowly worse. The paralysis increases, and her mind becomes more lost. She obtained no benefit from the Iodide of Potassium after a certain time, and none at all from the salivation. Her case is, without a shadow of doubt, a hopeless one as far as any remedial agents we are acquainted with, and she is slowly drifting from bad to worse. Under these circumstances it was determined to try and obtain some syphilitic matter, with which to inoculate her, after the plan so ardently recommended by Dr. Boeck, Professor of Medicine in the University of Norway. In her hopeless condition but little harm could be done and good might arise.

For a time we were disappointed in obtaining any matter, but at last one of the House Surgeons to St. Bartholomew's Hospital sent us some. She was inoculated in four places on the arm, and the arm became somewhat inflamed, but no good pustules were formed. In the meantime, she was gradually sinking, and ultimately passed into a state of coma, from which she never recovered, but died on the 5th of October, 15 months after admission.

Post-mortem Examination.—Thirty-eight hours after death; rigor mortis very marked, body emaciated, bed-sore on coccyx.

Head.—The calvaria was very irregular in thickness, being in some places so thin as to be almost translucent, and in others unusually thick; very considerable force was required to separate it from the dura mater, in which three or four small gummy prominences were embedded—all being apparently placed over the convolution of the longitudinal fissure of the right hemisphere. On attempting to remove the brain from the skull, it was found to be impossible to do so, owing to the middle lobe being bound down with the three membranes in one solid mass to the bone. On applying a little force with the finger at this spot, it broke through into a cyst, from which a quantity of thick pus of a slightly green, creamy appearance escaped.

Most of the continental authorities appear to look upon this glueing of the membranes and cortical substance to the bone as almost pathognomonic of syphilitic disease. It is noticed by MM. Gros and Laucereaux in twenty-two out of thirty-one cases recorded by them.

The brain was detached from the bone as cleanly as possible, put in spirit, and sent forthwith to Dr. Moxon, at Guy's Hospital. The following is the result of his examination:

"In the right hemisphere, close to the lower surface at the junction of the middle and posterior lobes of the cerebrum is a cyst of the size of a small plumb it extends from the lateral ventricle to the surface, being adherent to the dura mater at the surface, but separated from the ventricle by a little softened brain tissue. The cyst has a firm wall, which it is difficult to tear. When torn, it parts in circumferential laminæ; it contains pulpy matter with irregular shreds. The color of the contents is about that of milk of sulphur. The microscopic examination of these contents shows them to consist of lymphoid corpuscles, with semi-fibrilated intercellular material, mostly cloudy and degenerated. The cells and intercellular substance become free in the small patches. The cyst wall is composed of more or less perfect connective tissue.

"On the under surface of the anterior lobe near the sylvian fissure is a small sulphur-colored patch in the grey matter, which presents the same microscopic appearances.

"In the posterior lobe of the left hemisphere on its outer surface the dura mater is adherent to the grey matter through the membranes for the space of an inch. Under the adhesions the grey matter is broken down. The most characteristically syphilitic disease is found in the left sylvian fissure on the middle lobe opposite the Island of Reil. Here is a patch of the size of a bean in the grey matter coming to the surface. The outer part of this patch is semi-transparent, firm, and fibrous. The centre of the patch is opaque and sulphur-colored, composed of spindle-shaped and rounded elements. Deep in the substance of the right corpus striatum is a soft patch, and again in the anterior lobe of the right hemisphere, occupying the grey matter but extending into the white, and not quite reaching the surface, is an encysted collection of yellow matter with firm parietes, similar in quality to that found in the lower part of the right hemisphere.

"There is a small patch of softening in the left lobe of the cerebellum on its lower surface."

There was nothing abnormal in any of the thoracic organs or abdominal viscera.

Detection of Blood Stains.

Dr. RICHARDSON, in the *American Journal of Medical Science*, speaking of this subject, says:

Although it must be admitted that the blood corpuscles of a few mammals approach so nearly in size to those of man as to render their distinction doubtful, yet for the practical testing of blood-stains in criminal trials we will rarely find that such a decision is necessary, since, as a rule, justice only requires that a positive diagnosis shall be made between human blood and that of animals which are commonly slaughtered for food, such as the ox, the sheep, the pig, or of birds, as for example, chickens, ducks, etc., in regard to all of which I believe when the disks have not undergone disintegration, a first rate 1-25 inch objective will enable us to determine easily and beyond all question.

I would suggest to any one about undertaking such an investigation, that he first accustom himself to the appearance of decolorized blood corpuscles and at the same time test the power of his instrument by repeating the experiment I have detailed, on a fragment of blood clot recently desiccated upon paper or glass. Experience has shown that dried stains upon hard, smooth surfaces, such as buttons, studs, &c., most readily exhibit the corpuscles; next to these in case of detection, are stains upon paper collars or cuffs, and upon highly glazed linen, then those upon unstarched muslin or linen; and lastly, those upon cloth and other woollen fabrics. In order to be forearmed against the objections of ingenious counsel, he should in murder cases, wherever practicable, be provided with spots made before witnesses, with fresh blood from the corpse upon different unstained portions of the identical articles of the supposed murderer's clothing, and also with specimens of the blood dried in a thin film upon glass slides, for the purpose of disproving any hypothesis of leucocythemia, or other blood diseases, which might alter the normal character or relative proportion of the blood elements.

In examining the moistened clot, great care must be taken to avoid any movement of cover upon the slide, which, when it occurs, often rolls the interposed disk into an apparently homogeneous mass; and it is advisable to keep up a current of fresh water, at least, until all tinge of colour is removed from the clot, otherwise none but the granular lymph corpuscles may be visible. Should any doubt remain as to the identity of these bodies, it can be set at rest by treating them with acetic acid or solution of analine, as noted in a paper on the Detection of Undiluted from those of Diluted Blood-Stains, in the MEDICAL AND SURGICAL REPORER, January 9, 1869. In order to complete a chain of evidence it is probable that the decolourized corpuscles in a fragment of clot after being rendered more distinct by iodine, as above mentioned, might often be demonstrated, if required in court, to intelligent jurymen, especially where as surveyors, watchmakers, or engravers, the jurors were not unaccustomed to the use of lenses.

It may not be out of place to subjoin a comparison of the relative delicacy of the different processes recommended by medical jurists for the discovery of blood-stains.

By the intricate and tedious method of M. Tardieu (Fabre, *Bibliotheque du Medicin Practicien*, tom. xv. p. 264, Paris, 1851). "A piece of linen or cotton, which hardly contained 28 to 30 centigrammes (between four and five troy grains) of dried blood furnished enough for the determination of its nature."

A plan suggested by Dr. F. Runge, in which the iron of the blood was tested for by ferrocyanide of potassium, is spoken of by Dr. Fleming as being so very delicate that a single drop of blood sufficed for complete detection.

By spectrum analysis lately vaunted as successful when ordinary microscopic examination fails, it is claimed that 1-1000th of a grain of dried blood may be recognized, but no clue is thus afforded to the animal from whence the vital fluid is derived.

Through the courtesy of Dr. Linderman, Director, and Mr. J. R. Eckfelt, Chief Assayer of the United States Mint, I was enabled to estimate the delicacy of the microscopic test for blood, as follows: Upon a square of waxed paper determined by Mr. Eckfelt, on the accurate balance used for the National Assays, to weigh exactly 48 milligrammes, I made twenty dots of fresh blood from my finger, which, when dry, added .4 of a milligramme to the original weight, and consequently were each on an average equivalent to about .02 of a milligramme, or 1-3200 of a troy grain nearly. The fourth part of one of these spots weighing of course in round numbers 1-12000 of a grain, was detached with the point of a cataract needle, and when moistened under the 1-25 showed many hundred well-defined red blood corpuscles; ten circular ones among them measured with the micrometer averaged 1-3494th of an inch in diameter, and could, therefore, by this criterion of superior size alone, be diagnosticated from the corpuscles of an ox, sheep, or pig, with the same feeling of certainty with which any surgeon could testify that a perforation of the skull only half an inch across could not possibly have been made by any bullet measuring an inch in diameter.

Bromide of Potassium in Tetanus.

Dr. GEO. DERBY, of the City Hospital, Boston, prints the following in the Boston *Medical and Surgical Journal*:

A Portuguese carpenter, 44 years old, fell from a staging, May 12th, 1869, producing a fracture of the

right thigh, in which crepitus was found at two points six inches apart, with much shortening before extension was applied. There was also a slight scalp wound. This man was, during the first week, in a depressed, lethargic, condition, answering when roused, disinclined for food, frequently moaning although denying pain, and with a very feeble pulse. Pupils responding to light. On the eighth day there was first remarked an inability to open the mouth fairly, accompanied with stiffness of the neck. Next day the trismus had become very marked, so that the jaws could only be separated about a quarter of an inch; there was also œdema of the neck and of the left side of the face, with an erysipelatous blush behind the ear. The head could not be moved without causing great suffering. This state of things continued four days, the patient being fed every hour with small amounts of milk, beef tea and wine, alternately. He also took one drachm of solution of morphia every six hours. On the sixth day from the occurrence of trismus there was an improvement in all respects, which continued from day to day until, on the 1st of June, all tetanic symptoms had disappeared.

The next case was of a carpenter, 17 years old, admitted June 6th, 1869. He reported that, two weeks previous, the base of great toe of left foot was punctured by a nail, and that, three days after, he had painful stiffness of the jaw, neck and back, which had continued to grow worse. Examination of foot showed only a slightly red point at the place he had indicated.

His condition was one of well-marked general tetanus. Opisthotonos. Neck, abdomen and legs rigid. Movements of arms quite free. Jaws could be separated only about a quarter of an inch, but patient could swallow. Sardonic grin very marked. Pulse 130. Bowels constipated. Occasional spasms, causing the patient to cry out. He was ordered one drop of croton oil, to be repeated if necessary, and to be followed by liq. morphiæ ʒii. every four hours, with beef tea and whiskey at short intervals.

June 8th.—Condition rather worse. Convulsions more frequent. Trunk as rigid as if frozen. Legs immovable. Abundant sweating, accompanied by a miliary eruption. No effect from three drops croton oil. Enema tube could not be forced through the sphincter, except under ether. Could still swallow, and use his arms. He was ordered bromide of potassium ℈ii. every hour, continuing beef tea and whiskey, and omitting morphia. The next day a slight improvement was noted. Convulsions were less frequent, and the legs could be flexed by using a good deal of force. The pulse had fallen to 65, at about which point it subsequently remained. The intelligence was dull, but the patient took his food and medicine without much difficulty. From this time the amendment was progressive, convulsions ceasing entirely, and the rigidity of neck, back, jaws, legs and abdomen diminishing daily, and for the most part in the order named. As this improvement continued, the bromide of potassium was given less and less frequently, until July 1st, when it was omitted entirely. The amount taken during twenty-one days was not far from twelve ounces. During the first two days two scruples were given forty-two times. The only effects observed, other than a subsidence of tetanus, were dullness of the intellect and slowness of the pulse. On the 4th of July the patient was discharged, well.

Retained Menses.

Dr. G. H. Evans, of Greenville, Tenn., writes to the Nashville *Medical Journal*:

July 29th, 1859, I was called to see Miss C., aged 21 years. At the age of 14 years, symptoms of menstruation came on. She was pained severely in the pelvic region and right hip, particularly in the hip. She continued to be sick regularly every four weeks, being pained severely for three or four days at every period, until the time I saw her. But there had never been the least discharge of any kind from the genitalia. The whole catalogue of old women's remedies had been exhausted to try to bring on the menstrual flow, but without effect. Several physicians had treated her case with a like result. The warm hip bath afforded temporary relief, which the mother invariably used at her periods when she was suffering excruciating pains. Her pains were similar to those of severe labor, becoming more severe at each period. Laterally, her general health had begun to fail. She was becoming pale and anæmic. Being satisfied from the history of the case that there was some mechanical obstruction, I proposed first a vaginal examination. I found the uterus greatly enlarged and considerably prolapsed. On further examination with the speculum, I found a complete atresia of the cervix uteri. If there ever had been an os uteri, there was no evidence of the fact now, not even the slightest cicatrix. I saw I had a difficult case, and refused to proceed without consultation. Accordingly Dr. S. B. Buchanan was called in. I visited the case with him Aug. 20, 1864. He performed an operation through the speculum by passing a very narrow bistoury through the cervix just where he thought the os ought to be. The knife passed through at least one inch of solid substance before entering the cavity of the uterus. The opening was so small that there was no discharge, nevertheless, there was some little stain of a dark chocolate color on the knife. The Doctor introduced a little lint, and left the case to my charge. Aug. 26th, I visited the case again and found the orifice entirely healed. I performed the operation with a larger bistoury, but with about the same results. I cauterized the wound and introduced a bougie of large size, made

of the bark of the Ulmus Fulva, for the purpose of dilating the wound, with instructions for it to be removed on the next day and a larger one introduced if there should be no flow.

Two days later I was summoned hastily to her bedside, the messenger stating that he did not think she would be alive until we would reach the place. On my arrival, to my great joy, I found her quite comfortable and cheerful. The mother, previous to my arrival, had removed the bougie and placed her in the hip bath to relieve her excruciating pain, and while sitting in the bath it broke loose, and discharged, according to the mother's statement, at least a gallon of thick, tarry-looking menstrual fluid which had been pent up for seven years, with complete relief to the patient. The case was then visited every other day for three months. The great difficulty in the case was to keep the wound open, and to this end the bougie had to be introduced every day, which was proven by the fact that on one or two occasions when the bougie was left off for only a single day, it was with the greatest difficulty that it could be introduced again. The wound discharged matter profusely all the time. Finally I had to discontinue the bougie on account of hysteria, produced by the continued irritation. The patient was very much reduced in flesh by the long-continued discharge. I examined the wound two weeks after treatment, the edges of which had healed kindly. The os looked quite natural. I could pass a bougie about three-fourths of an inch into the cervix, but could not enter the body of the organ. The case was then abandoned.

She recovered her health very rapidly, and after the lapse of three months, she began to be unwell regularly every four weeks as before the operation, though not pained so severely. Still there was no appearance of any discharge until Oct., 1868, a period of three years and a half from the time the treatment was abandoned, while she was enjoying a hearty laugh, everything broke loose and there was discharged a large quantity of menstrual fluid. Since that time to the present, a period of six months, she has menstruated regularly every four weeks, and is now in the enjoyment of excellent health. She has been married for two years, has never become *enciente*, and it is hoped she will not.

Antiseptic Use of Carbolic Acid.

Dr. Joseph Bell, of Edinburgh, in the *Medical Journal*, of that city, gives the following experience, with this agent:

Principle.—In using carbolic acid as an antiseptic, we do so with a double object, 1st, to exclude the air and its contents by means of an antiseptic veil—we can do this in opening an abscess; 2d, to get rid of the septic and pyogenic effects of air which has been already admitted, as in our treatment of compound fractures, excisions of tumors, and amputations.

Methods.—When describing the different cases I am briefly to bring before you, I will notice what was done to each; but it will simplify matters if I first show the different preparations of carbolic acid which we have been working with; and the Society will remember that the manipulative part of the treatment is still in its infancy, in a transition stage, and will, we have no doubt, greatly improve, specially in direction of simplicity.*

A. Carbolic Acid Lotion, or pure glacial acid dissolved in water. This may be used in various strengths, from 1 in 20 to 1 in 100, the stronger being used for injecting old abscesses, and sinuses, washing out recent wounds, etc.; the weaker for disinfecting sponges, cleaning stumps, etc.

B. Carbolic Acid and Linseed Oil.—a. 1-6, in this the lint used as the antiseptic veil for opening abscesses is steeped; *b.* 1-12, of this the paste is prepared, with which recent stumps are dressed.

C. Plasters composed of Shellac and Carbolic.—These are of three different strengths, of which the first, 1-3 and 1-6 respectively, are used as antiseptic protective plasters; the third (1-100) merely in cases where the ordinary lead plaster would be used, with the advantage that the carbolic acid corrects the fœtor.

Cases.—*Abscess.*—1. Mr. J., a tall, strong young man, showed me a very deep and large abscess in the middle line of the back of the neck. It gave him great pain, and his general health was beginning to be affected. He was anxious not to leave his office. I opened it by a deep incision, and let out about ℥ii. of very fœtid pus. I used the antiseptic veil of lint (in c. 1-6), fastening it tightly with plaster. Next day there were only a few drops of serous oozing, and I dressed it with the strongest carbolized plaster; and though the wound did not heal up for a week, being large and deep, there was no more pus; the daily change of the plaster, with the usual cautions against admissions of air, kept it perfectly sweet. He had no pain, attended his office without losing one hour, and there was no unpleasant smell. By any other method of treatment it would have been a case of constant poulticing for days together, he could not have gone to his office from the quantity and odour of the discharge, and the healing would have been much less rapid.

2. Dr. Thatcher sent me a boy with an enormous swelling of the cheek, of three weeks' standing, depending on a periosteal abscess of the outside of the body and ramus of the lower jaw, and pointing into the neck. I evacuated about ℥iii. of very fœtid

*The exact proportions used at present by Mr. Lister, are—

1. *Watery Solutions.—a.* 1-20, used for freshly-made wounds before applying the plaster, or for injecting compound fractures, etc., while changing dressings; *b.* 1-40, used in changing the dressings of open wounds.

2. *Oily Substances.—a* 1-4, in opening abscesses; *b.* 1-10, in cases where *a.* irritates; *c.* 1-20, in places where the lac plaster is too stimulating.

3. *Glycerine Solution.*—1-4, used with an india-rubber tube in dressing stumps.

4. *Spirituous Solution.*—1—5, for injecting old sinuses

pus under the antiseptic veil, and on the third day dressed it with the strong c. plaster only. My previous experience of such abscesses led me to expect a long suppuration and an ugly scar. From the fourth day there was no pus, and now there is no visible scar whatever.

3. On 22d of February I evacuated sub-carbolically, in Dr. Moir's presence, an abscess in the abdomen, which was pointing midway between the umbilicus and the left anterior superior spine of the ilium, and which depended on disease of the vertebra—letting out from it at least ℥xxxvi. of the most fœtid pus I have ever smelt. Without carbolic acid I would have expected profuse suppuration, probably blood-poisoning. It was dressed with the carbolic paste.

With it, next day, there had been considerable purulent oozing; smell not nearly so bad; no fever.

Third day.—Slight serous oozing; no smell; no fever.

Sixth day.—Only about six or eight drops of serum on the paste, with no smell. Patient perfectly well. From this date there never had been any pus, nothing beyond a thin, absolutely odorless, serous oozing. The wound is now dressed every fourth or fifth day, with a piece of strong plaster about two inches square. The patient has been out walking, and feels no inconvenience whatever.

Compound Fracture.—J., æt. 40, a labouror, was sent in from Loanhead. His left arm had received two tremendous blows from the handle of a crane in rapid revolution. His injuries were—a very bad compound comminuted fracture of the left humerus just above the elbow-joint. The fracture communicated with two large lacerated wounds, each about 1½ inches in length, and on each aspect of the limb. He had also a most severe compound comminuted fracture of both radius and ulna of the same side; the forearm was bent at a right angle at the fracture, and both bones projected through a wound four inches in length over the dorsal aspect of the ulnar edge of the forearm. The projecting portion of the radius was completely stripped of its periosteum. The ulna was comminuted, but did not project so much, nor was any of it completely bare.

It seemed hardly possible to save the limb, and, without the antiseptic treatment, I should have feared profuse suppuration, hectic, perhaps pyæmia.

I cut off with a saw the projecting three inches of radius, and then succeeded in replacing the bones, and restoring great masses of exposed muscles. *All the wounds* were then carefully and thoroughly syringed out with carbolic acid lotion, and dressed in the usual manner with lint soaked in acid and oil; the arm and forearm were placed at a right angle, and protected with pasteboard splints.

I will not give a daily report. There was *no* suppuration from the deeper parts. The man never lost his sleep, nor exhiblted any signs of fever.

On the 14th day the arm wounds were so nearly healed as to be dressed with dry lint. There was still a large granulating wound in the forearm, with tendency to protrusion of muscle.

On the 25th day the fractures of the humerus were so far consolidated that passive movement of the elbow was begun.

On the 32d day he was up and walking about.

He has now a useful arm, notwithstanding the great loss of substance in the forearm.

Compound Dislocation of Elbow-Joint.—Matthew Murray, æt. 32, was unloading a truck at Crieff's station, when by a sudden movement of some other trucks, his right arm was crushed between two buffers. He sustained a compound dislocation of the right elbow, the end of the humerus being forced forward through a deep and long wound (about five inches) in the front of the forearm. The ulnar artery was torn across. He was at once seen by Dr. J. Gairdner, who dressed the wound with carbolic acid after Mr. Lister's method, reduced the dislocation, and tied the ulnar where torn. He was then sent into town by rail. I examined him in the evening, and finding the arm in excellent position, did not disturb the lowest layer of lint, and merely renewed the upper layers.

This was done daily till the fifth day, when, for the first time, the lower layer of lint was disturbed. The wound was found almost consolidated,—only a superficial granulating edge, five inches long, being left.

He never had a bad symptom of any kind; no fever. Passive motion was commenced on the 18th day, and on the 56th day he was dismissed, with a very free amount of movement at the elbow in all directions. The usual history of such accidents is a very different one.

Injury of a Large Joint.—1. J. D., aged 52, on the 10th of August, was carrying a scythe, slipped his foot, and fell on it, cutting right into his left knee-joint, above the patella. This occurred before six in the morning. It was bound up by his friends. He was conveyed some miles in a cart, and then twenty-five miles by rail, and admitted into hospital at 9:30.

A wound, four inches in length, was found extending from the inner and upper edge of the patella upwards and downwards. The tendon of the quadriceps extensor was divided, and the knee joint opened into by a hole which admitted the finger.

The house-surgeon sponged out the wound *and the upper portion of the joint* with a solution of carbolic acid in five parts of boiled linseed oil, stitched up the wound, and applied the usual carbolic acid protective dressing. A Gooch splint was put on behind the joint, and fastened by a figure-of-eight bandage; the limb laid upon an inclined plane, and ice applied over all. *Vesp.* pulse 68.—Was ordered m. 30 of sol. mur. morphiæ.

11th. No pain; ice conlinued; pulse 68.

13th. Still quite well; wound healed, but knee slightly swollen; pulse 68.

20th. Still perfectly well; pulse 64; stitches taken out to-day.

30th. Swelling completely gone.

2d. September.—Patient can flex and extend the joint nearly as well as ever.

13th. Dismissed cured.

2. J. A., æt. 13, was working in a factory in Leith Walk on 2d of April. He was holding a piece of wood below a steam-hammer, when a portion of the wood flew out and struck him on the right knee-joint. It inflicted a skin wound between two and a-half and three inches in length, which exposed the ligamentum patellæ without dividing it, and, running right across the front of the joint, opened into it on its inner side. Considerable venous oozing existed.

The wound and the exposed parts of the joint were carefully washed out by Dr. Lawrie with a watery solution of carbolic acid (strength 1-40), then stitched up with catgut threads soaked in carbolic oil, and then dressed with a layer of the strong plaster (1-3), covered by oil silk.

3d April.—Slight oozing of bloody serum; no putrification.

4th. This has much diminished; Gooch splint put on behind.

5th. There is now no discharge.

6th. The dressing is merely tinged with yellowish serum.

7th. To day the limb was not disturbed. There is no pain; no fœter. The boy's pulse, which was 80 on admission, has never risen above 84. His tongue is clean, and there has been no fever.

Wound is now (April 15) almost healed. There has been no inflammation of the joint, nor any suppuration.

Carbolised Oil in Paracentesis Thoracis.

Henry Banks Spencer, M. D., writes to the *British Medical Journal:*

I have been able to meet with but one or two recorded cases of the use of carbolic acid to prevent decomposition of the fluid in the pleura after paracentesis. Having recently had a case under my care in which it was of the greatest service, I have ventured to send a very short account of it. The patient was a little girl nine years old, and the whole left pleura was full of some fluid—pus, as I believed. Having seen the case in conjunction with Dr. Tuckwell, and determined upon operating, I made an exploratory puncture with a grooved needle dipped in carbolised oil (one part of acid to four of oil), on August 30th, 1868. This having demonstrated the presence of pus, a hydrocele trocar, dipped in carbolised oil, was thrust into the side of the chest, between the fifth and sixth ribs. About a pint of pus escaped under a large fold of lint, also steeped in the carbolised oil. The canula was, for a few hours, left in; and the wound was carefully covered by the carbolised lint, which latter the friends of the patient were desired to keep well soaked with the carbolised oil without ever removing it. The canula was soon the cause of considerable discomfort and was removed, the lint being still carefully kept over the wound. The discharge ceased in a few hours, and pus soon began to accumulate within; so much so, that it was necessary to operate again on September 1st. This time, a scalpel, dipped in the carbolised oil, was used, and the operation was done under the protection of the carbolic curtain, a pint and a half of pus flowing at once from the wound. A piece of flexible catheter, also, of course, carbolised, was now, at Dr. Tuckwell's suggestion, tied in and through it; the pus flowed for about a fortnight, when the catheter was removed. The wound was then simply protected with the oiled lint, under which pus continued to flow more or less till about the middle of October. During the whole of this time there was not the slightest fetidity of the pus—it being on the last day of discharge as inodorous as on the first; and all the trouble and annoyance to the child of repeated antiseptic injections were spared. No case of the kind could have proceeded better; as, from the date of the second operation, the child, without a bad symptom of any kind, steadily progressed towards recovery, and is now, (March 6th) in her usual good health.

The Profession in England—Doctors have a Hard Time in the Mother Country.

The following case is reported in a recent English journal. Mr. Richard Summers, surgeon, of Cwm Harrold, near Haverfordwest, Pembrokeshire, at the last County Court held there, sued a carpenter for 13s. 6d. The services for which he claimed were, riding five miles on a dark, wet night, to see the defendant's wife—10s. was charged for the visit, and 3s. 6d. for medicine. The judge (Mr. Terrill) considered the charge exorbitant, and reduced the debt to 5s. The plaintiff expressed a wish that all persons were paid for their work on a similar scale; whereupon the judge had him taken into custody for contempt of court. After being detained till the close of the day's business, the doctor apologised for the "objectionable remarks, if any," made by him, and was released. Technically, Mr. Summers may have been blameable for the remark which he made. But the provocation which he received goes far to justify him. The amount to which his claim was cut down by the judge was ridiculously small. The judge is reported to have said that he would make no difference between the day and the night services of medical men. Would a member of the legal profession, or even a working man, consider five

shillings a sufficient remuneration for a journey of eight miles in the night in bad weather—to say nothing of the exercise of professional skill? We think that Mr. Summers was harshly and unfairly treated.

Inflammation of the Tympanum.

Mr. James Hinton, M. R. C. S., Aural Surgeon to Guy's Hospital, London, contributes to the *Archives of Ophthalmology and Otology* the following:

I trust that the two following cases will not be without interest. The first exhibits the history of an ultimately fatal disease of the tympanum, as it was observed at intervals for some years before any threatening symptoms set in. Though post mortem details are wanting, yet the general character of the cause of death does not admit of doubt, and it is possible that the practiced eye may discern in my report indications of the serious character of the disease which at the time escaped my observation. At any rate, such were some of the previous symptoms, and such the final issue.

The second case was a striking instance of immediate and permanent relief given to very distressing symptoms of local and general irritation, and the renewal of polypoid growths, and the evacuation of retained discharge from behind them. I am induced to place the two cases together, possibly from a feeling that they constitute a natural contrast.

CASE I.—*Chronic Disease of Right Tympanum, ascribed to a blow in childhood; repeated formation of polypus; death, with symptoms of extension of disease to the brain.*

W. L., æt 35, of healthy constitution but intemperate habits, consulted me on December 5th, 1864. Had been subject to attacks of severe pain and distress with discharge in the right ear since the age of eleven. The cause he believed to have been frequent boxing of the ears. Until three or four weeks ago the left ear had been fairly good; but at that time pain came on in it more severe than ever it had been in the right. Four years, and again two years previously, he had consulted Mr. Toynbee, who said there was a polypus in the right ear.

Since the affection which proved fatal arose in connection with the right ear, I may merely say, respecting the left, that a fibro-cellular polypus developed itself at the root of the meatus, close to the membrane, which was thick but not perforated. Repeated inflation of the ear improved the hearing, the polypus was removed, and a lotion of Tinct. Iodin. (♏xx—℥ i) employed, followed by astringents. Alum was applied to the throat and tonics given. The growth entirely disappeared, and the membrane became natural; but the meatus remained prone to become irritable at times, and to secrete an excess of epidermis. Otherwise, the condition of the left ear continued satisfactory, with the exception of occasional and easily removed Eustachian obstruction.

The *right* membrana tympania was white, concave, and of a rigid look. There was a slight discharge from the meatus. A loud voice only heard. On blowing air into the nostril, while the patient swallowed, it entered the tympanum with a loud click, and the hearing greatly improved. (Watch, six inches.) Throat red and tumid, tonsils swollen.

Gargle of alum and ginger. Ung. Hydr. and pot. iod. around the ears.

The tympanum was again inflated, with slight improvement on the 6th and 8th, after which he was himself able to force in air. M. T. of a slight pinkish hue and less concave. A little discharge continued. The tuning fork placed on the head was heard pretty well; closing the meatus increased the sound. After a Tukish bath on the 10th, the hearing was worse again, and there was some resistance to the inflation of the tympanum, which was also less effective than before. On the 14th, after a crack in the ear, the hearing improved for a time. On the 16th the Eustachian catheter was passed; the air entered with a dry, rough sound, improving the hearing to five inches. The patient now went to Normandy. In June, after an offensive discharge for about a month, for which a lotion of permanganate of potash was used, a firm, fleshy mass, about the size of a pea, was syringed from the right ear. The discharge ceased for a month, and then soon disappeared again, under treatment by mineral acids and purgatives, and a lotion of chlorate of potash and opium.

After six months (Feb. 28, 1866) I again saw the patient. The ears had been quite well and the hearing good ("almost too good," he said), until about 14 days. Then, without apparent cause, the left ear began to discharge, and the hearing on both sides became dull. Watch, each side, contact. In each meatus, at the internal part, there was some hypertrophy of the bony walls. The right membrane presented a pale red surface, of irregular aspect, in which the malleus could scarcely be distinguished. (Congestion and swelling, apparently, of the dermoid layer.) Inflation raised the hearing to six inches. After a month the hearing continued good; no discharge; the membrane had a dry, flat appearance, Eustachian tube pervious.

Shortly after he had a severe attack of delirium tremens; after which by his wife's account he became quite temperate in his habits. He continued, however, to smoke about twelve cigars a day. I did not see him again for upward of two years, June 6th, 1868. The left ear was then fairly well, but he had had a little pain in the right at times. I found a fat, fleshy growth filling the bottom of the meatus, and a little pus escaped when the probe was introduced beneath it. It was touched with tinc. chlor. Air introduced by the Eustachian catheter passed

but not freely, *through* the membrane. Accordingly a few drops of a solution of pot. bicarb. (gr. vj—ʒi) were syringed through the catheter with the view of facilitating the escape of matter. Lig. plumbi ʒij aq. ʒi to be applied warm to the right ear; powdered alum mixed with sugar to be blown into the fauces by means of a curved tube. I had from the first warned the patient's friends, that with his habits the disease of the ear might at any time become of a serious character, but at this time I detected no specially threatening symptom. He did not remain under my care, and the next information I received was that he had died ten weeks later (August 12th). On July 2d, he went to Dunkirk, still suffering from occasional pain in the ear, but seeming, in his wife's opinion, no way worse. At the end of the month (about three weeks before his death), he was exposed to a very hot sun, and complained of great pain in the head. He had looked ill a few days before, and had suffered increased pain in the ear after going into the sun or after smoking, but had never before spoken of pain in the head. He was at first treated for brain fever; leeches were afterward applied to the ear. No swelling over the mastoid process or elsewhere was observed by his wife. About three days before his death the discharge from the ear entirely ceased, and for the last two hours matter ran from the right nostril. He was not convulsed nor paralyzed. No post mortem was made.

Case II.—*Inflammation of Tympanum, with formation of Polypi following scarlatina at twelve, and continuing forty years; frequent severe pains in the head, removal of Polypus and retained secretion; entire relief.*

W. I. B., æt. 52, a healthy man, consulted me on 26th March, 1867. Ever since scar atina at the age of twelve, had been subject to occasional discharge from both ears, with deafness, generally not severe, but at times much aggravated. In the left side there was a constant sense of discomfort, and the attacks of discharge were generally attended with pain in the ear and at the back of the head, which had lately become more severe. He could sometimes pass air *through* each tympanum. No tinnitus. A polypus had been long discovered in the left ear, but his medical attendant had declined to remove it, fearing lest irritation of the brain should ensue. On right side, watch heard on contact; left, a loud crack of the nail at three inches.

Right, M. T. red at the upper part; inferiorly it seemed thinned in patches, and a little below the center was a small orifice, about half a line in diameter. No discharge. Passing air through the Eustachian tube improved the hearing slightly. The left meatus was filled with a polypoid mass, which on examination appeared to consist of five, more or less, distinct growths. Of these, four were removed; one, which protuded nearly to the orifice was of a bright red color, and had its origin from the floor of the meatus; and three others, of smaller size, which evidently grew from the internal wall of the tympanum. There was a fifth, but this was not touched. After the removal of the growths, a dirty white surface was exposed. This consisted of masses of inspissated discharge, several of which were removed by the syringe, aided by inflation of the ear—air passing very freely through the Eustachian tube. In fact, the tympanic cavity appeared to have been filled with this kind of matter. After its removal, the watch was heard at half an inch. A blister was applied behind the ear and the exposed surface of the tympanum was cleansed and dried and dressed daily, for a week with powdered talc to which a little morphia had been added. It rapidly assumed a dry and healthy appearance and the remaining polypus shriveled up. Immediately after the removal of the polypi the irritation abated; it soon ceased entirely and has not returned. The hearing continues (after 18 months) fairly good; the Eustachian tube is freely pervious and the exposed surface, though tumid and of dark red color, is entirely free from discharge or tenderness. No vestige of membrane or ossicula is visible. Soon after the removal of tne polypi from the left ear the *right* ear took on a slight attack of inflammation, and was for some days very tender and painful, the meatus being swollen and the Eustachian tube closed. This attack soon abated, and by the aid of lotions of sulphate of zinc, or borax, and opium, with alum to the throat, the hearing has improved, but the left has been the better ear.

Experimental Studies in Regard to Burns and Scalds Made Upon the Dog.

A German pamphlet by Dr. G. Wertheim is reviewed in the *Edinburg Medical Journal*, which contains the results obtained by burning and scalding about thirty dogs in regard to,—1st, The local temperature produced by burning certain substances upon the surface of the body; 2d, The manner in which this local increase of temperature extends over neighboring parts, and the mode in which this increased temperature dies off; 3d, The histological alterations produced locally and generally by burns and scalds. Medium-sized dogs alone were made use of. Some of these were narcotized by the injection of half a drachm of tincture of opium into the crural vein, the others by chloroform inhalation. The latter method was employed when the blood was to be examined, the former in all other cases. The burns were produced by sponging the chest and bellies of the dogs with oil of turpentine, five or ten times in quick succession, setting fire to it each time; the scalds, by pouring over similar parts eight ounces of boiling water nine times in quick succession.

The results obtained were,—1st, All the dogs died either in a few hours or at the latest after five days;

2d, Excision of a portion of skin, corresponding in position and extent to that burned, had no injurious effect on three dogs on which it was performed. For the first few days the wound was covered with sponge, no attention was subsequently paid them, and the wounds healed most kindly. 3d, In three cases the burned portion of skin was excised, two, five, and fourteen hours after the burning. All the three dogs died twenty-four hours after the burning. This experiment was made before the author became aware of certain alterations in the blood, subsequently ascertained to be the result of combustion. 4th, The original temperature of the bodies of the animals having been ascertained by a thermometer, inserted into the cellular tissue beneath the skin, to be about 95 degrees, F., it was found to rise, in consequence of repeated acts of combustion, in one case to 129·2 degrees, F., in a second to 147·2 degrees, F., in a third to 163·4 degrees, F., and in a fourth (a case of scalding) to 132·8 degrees, F. These considerable differences depend entirely on the amount of combustible material employed. The experiments themselves show that each new application, when made while the increased temperature already produced still lasted, was always followed by a fresh increase.

About two inches distant from the burned spot, the temperature of the animal continued normal throughout the whole experiment. 5th, The histological alterations found on the burned patches were,—carbonization of the horny and partly of the Malpighian layer of the cuticle; integrity of the papillæ, with this exception that along the capillaries and in their cellular sheaths there were numerous deposits of melanine in molecules and flocculi; in scalds there was separation in ragged patches of the horny portions of the epidermis, the other appearances being similar to those observed in burns. 6th, When burns or scalds were produced on the dead bodies of animals, the alterations of the cuticle were similar to those described, but the copious deposit of melanine was constantly absent, only trifling traces of that body being found in such cases. 7th, In all cases of death from burns or scalds there were constantly observed in the kidneys that form of degeneration known by the term acute desquamative nephritis, and which our author regards as representing in these cases "a progressive" stage of Bright's disease. After severe burns, etc., blood, or crystals of hæmine, were also found accumulated in the Malpighian bodies, the convoluted and straight tubes. 8th, In one case a copious deposit of blood-crystals was found in the capillaries of the arachnoid. 9th, The most important result of burning is a constant anatomical alteration of the blood, consisting in the formation of numerous corpuscles, ranging in size from 0·004$^{m.m}$ or 0·001$^{m.m}$ down to small molecules. which, in colour and in optical and chemical relations, perfectly agree with the red corpuscles from which they are derived, separating from them in consequence of the heat to which they have been exposed. 10th, The narcosis was produced by the injection of tincture of opium into the crural vein, when the alterations in the organs of the anima were being investigated.

Reviews and Book Notices.

Descriptive Catalogue of the Pathological Museum of the Pennsylvania Hospital. By WILLIAM PEPPER, M. D. Philadelphia, 1869. 1 vol., cloth, pp. 125. Published by the Board of Managers. For sale by Lindsay & Blakiston. Price, $1.50.

This catalogue is based upon one written by Dr. MORTON, but is so much extended and improved that it may be regarded as a new work. There are about 1800 specimens in the museum of the hospital, many of them of very great interest, and highly instructive. Only the more valuable are described. The descriptions usually occupy from half a dozen to a dozen lines, and are clear and pointed. Statistics of the case from which each is taken, are often appended. Such a work will, no doubt, be most favorably received by pathologists.

Proceedings of the State Medical Society of Kentucky, Fourteenth Annual Meeting. Louisville, Ky., 1869. 1 vol., pp. 111.

This report embraces the minutes of the meeting, the President's Address, an article by Dr. T. E. Jenkins, on the Exhibition Universelle, reports on ethics, vaccination, the indigenous botany of Kentucky, on obstetrics, and on pharmacy. Dr. G. W. Bayless adds a surgical paper on five cases of bone disease from common causes, with the results of operative procedures. The reports on pharmacy, by Dr. Jenkins, and that of the botany of Kentucky are very satisfactory. We do not doubt that they will be thoroughly appreciated.

The Italian War of 1859.

The medical and surgical history of the Italian campaign of 1859, has just been completed by Dr. Chenu, the well-known author of the large statistical work on the French Army during the Eastern campaign of 1854–56. This new work on the Italian campaign is the result of several years' incessant labor. It is published in two thick quarto volumes, and is accompanied by an atlas. The first copy of the work issued was presented, on Sunday last, to the Emperor Napoleon, by Baron Larrey, who was Surgeon-in-Chief of the French army in the war of 1859, and who is now at the head of the Army Medical Service in France.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGTST 7, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared,* so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

As we are about to reduce our stock of odd back numbers of the REPORTER, in order to make room, it is desirable that all who wish to complete their files should notify us *by the 10th of August.* Bills will be sent with the numbers ordered.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

DEGREES, HONORARY AND WITHOUT HONOR.

We have recently learned how "Collegiate Agencies" are conducted. It is a dodge that illustrates so well the side-shows by which one-horse medical colleges make both ends meet, that it is worth while to disclose the procedures. It is well known that in several States laws have been passed by which no person is allowed to practice medicine unless he has a diploma conferring upon him the title of M. D. This piece of sheepskin engrossed with his name in German text and either in inferior Latin or inflated English is *prima facie* evidence that he is fully competent to wield all the weapons of the physician's armamentarium against diseases.

Who of the laity would dare question his skill when he can point to this venerated document (usually hanging conspicuously in a gilt frame on his office wall)? Who can doubt the depth of his knowledge when he can point triumphantly to this silent yet eloquent witness? Still more, who can summon him before the squire for practicing without a diploma, when this document is ever in full view?

But as many a hospital steward after the war set himself up as doctor, and as many another without one quarter the practical skill of a good hospital steward, claims on a strip of tin under his windows the title of M.D., it became quite necessary to have some simple, cheap, and easy way of providing such gentlemen with diplomas. Of course they could not be expected to attend lectures, and still less to pass an examination except in form, so the object was to provide them with this certificate of studies commenced and completed without any study being required.

Here the excellent idea of "honorary degrees" comes in. Any half dozen medical men can form a college, print a lot of circulars and announce their intention to instruct youth, give *ad eundem* tickets, and confer honorary degrees.

The collegiate agent is the go-between. The buyer of the diploma appeals to him, sends certain papers attesting his own moral and professional character, how long he has been in practice, what and where he studied, adds a recommendation signed by several doctors of the same stripe as himself, and encloses say $50,00. The agent pockets 25 of this, and remits the balance to the faculty of the college with the papers of the applicant, adding such confirmatory matter respecting said applicant's fitness as he can think of; sometimes, for instance, that he has examined the would-be M. D. and finds him surprisingly intelligent, profoundly read, and singularly skilful.

The faculty are incontinently convinced by such an array of testimony from a disinterested source—not to speak of the greenbacks—and feel that here is a meritorious case where they must at once issue an honorary degree, which may or may not be spread on the records of the college. They do so, and our friend the quondam hospital steward, and pretended doctor, blooms forth with a security and a confidence which puts to shame all his neighbors.

Now there is nothing in all this which is "immoral, that is to say illegal," as Mr

Wholes says in Dickens' novel. But as it is notoriously common, and in every way discreditable to all concerned, it is time that it be thoroughly ventilated and stopped, otherwise a diploma of Doctor of Medicine will become as worthless as a Continental shin-plaster.

INDIANA MEDICAL COLLEGE.

We have received the first annual Announcement of this institution. It is located at Indianopolis, Indiana. The circular states that the faculty have received the unanimous recommendation of the Indiana State Medical Society. They consist of Dr. J. S. Bobbs, Pres. and Prof. of Surgery, Dr. G. W. Mears, Prof. of Obstetrics, Dr. R. T. Brown, Chemistry, Dr. R. N. Todd, Practice of Med., Dr. Waterman, Surgical Anatomy, Dr. Cominger, Surgical Pathology; Dr. T. B. Harvey, Diseases of Women and Children, Dr. W. B. Fletcher, Physiology, Dr. D. Clark, Materia Medica.

We regret that in the matter of fees they have adopted such low figures, as in medical education we have the same fears of the union of the "cheap and nasty" that THOMAS CARLYLE expresses in regard to most things. We hope the faculty will make their examinations rigid, and their standard high.

THE CHIEF OF THE BUREAU OF MEDICINE AND SURGERY, U. S. N.

The Baltimore papers comment with natural satisfaction upon the selection of one of their citizens for a Naval Bureau.

"Dr. William Maxwell Wood, who has just been appointed Chief of the Bureau of Medicine and Surgery in the Navy, is a native of Maryland, who entered the Navy as Assistant Surgeon, in 1829, and has therefore been in service 40 years. He has been Fleet Surgeon of three squadrons—the Pacific, East India, and North Atlantic. He participated in the capture of the Barrier Forts on the Canton River, and was in the action between the Merrimac and Minnesota, during the late civil war.

"Dr. Wood is the author of a work on 'Polynesia and South America,' 'A Shoulder to the Wheel of Progress,' a collection of literary essays, and "Fankwei,' A visit to India, China, and Japan."

Those of our readers who are familiar with the incidents of the Mexican war, will be pleased to see in the selection of Dr. Wood for the Naval Medical Bureau, a recognition of his valuable and unrewarded services at the beginning of that war. It is a compliment which might have been sooner offered to this able and patriotic officer, of the result of whose volunteered expedition through Mexico, Commodore Sloat wrote:

"I am most happy to acknowledge the very important services you rendered the Government, and the squadron in the Pacific, under my command, at the breaking out of the Mexican War. The information you furnished me at Mazatlan, from Guadalaxara (at the risk of your life), was the only reliable information I received of that event, and which induced me to proceed immediately to California, and upon my own responsibility to take possession of that country.

"I have always considered the performance of your journey through Mexico at that time, as an extraordinary feat, requiring great presence of mind and address. How you escaped from the heart of an enemy's country and such a people, has always been a wonder to me, and has been so characterized on all occasions.

Very truly your friend,
JNO. D. SLOAT, Commodore."

The Chairman of the Naval Committee of the Senate commented on his valuable services as follows:

"Every intelligent mind must at once appreciate the importance of the service which you have rendered the country, and your personal hazard in traveling through the heart of the enemy's country, communicating with your military superior, and furnishing him with the sole and otherwise unattainable information, upon which he based the acquisition of California.

"The importance of this acquisition can best be estimated, by asking ourselves what would have been our national position in the Pacific and upon our Oregon frontier, had Great Britain, instead of ourselves, acquired permanent possession of it? I have always contended that its acquisition constitutes one of the navy's strongest claims upon the gratitude of the nation, and this chapter in its history, furnished by your own service, but strengthens this conviction. But how are you to be rewarded for it? That is the question. Swords and brevets are scattered without number before many who rendered far less service. I cannot, at this moment, make any distinct suggestion to you how to obtain, that to which I deem you honorably entitled, a national recognition by some substantial token of your valuable services; but I promise you my aid in the attainment of such recognition."

—— PROFESSOR BRUNETTI, the celebrated anatomist, of Padua, has been decorated with the orders of St. Anne of Russia, and St. Gregory the Great of Rome. This last honor, says *L'Imparziale*, has been conferred on him as a consequence of the illustrious astronomer, Father Secchi, having shown to the Pope some of his (Brunetti's) anatomical preparations illustrative of his researches on the means of preserving animal structures.

Notes and Comments.

Alumni Meeting at Yale College.

The *College Courant*, a capital college paper at Yale College, New Haven, Conn., gives in the number for July 31st, an obituary record reported at the recent alumni meeting. The names of the following physicians appear on the list of the alumni of the academic department.

Class, Name and Age, Place and Time of Death.

1804, Dr. Chas. H. Wetmore, 85, Columbus, O., Oct. 10, 1868.
1805, Dr. Earl Swift, 85, Mansfield, Conn., June 14, 1869.
1807, Dr. Alex H. Stevens, 79, New York City, March 30, 1869.
1825, Dr. N. B. Ives, 63, New Haven, Conn., June 18, 1869.
1825, Dr. Jno. B. McDowell, 63, St. Louis, Mo., July 8, 1868.
1831, Dr. S. C. Huston, 56, Philadelphia, Feb. 9, 1867.
1846, Dr. Samuel Robbins, 46, Canandaigua, N. Y., Sept. 3, 1868.
1852, Dr. Franklin Grube, 38, Jacksonville, Oregon, June 11, 1869.

OF THE MEDICAL DEPARTMENT.

1816, Josiah Bower, 77, Billerica, Mass., Nov. 1868.
1819, Thomas R. Boutelle, 74, Fitchburg, Mass, July 13, 1869.
1825, Charles M. Fays, 68, Charlestown, Mass., Dec. 18, 1868.
1825, Guy R. Phelps, 67, Hartford, Conn., March 18. 1869.
1826, David S. Dodge, —, New York City, May 23, 1869.
1826, Edward W. Greene, 65, Bristol, R. I., May 12, 1869.
1829, Elias F. Maynard, —, Jacksonville, Fla., May 28,
1832, Christopher C. Hoagland, Des Moines, Iowa, March 19, 1868.
1832, David Pritchard, 58, South Norwalk, Conn., Oct. 30, 1868.
1852, John S. Moody, 40, Norwalk, Conn., Sept. 16, 1868.

The whole number of deaths reported this year is 76 and the average age of the Academical graduates is 68½ years.

Paste.

The following is a recipe for making common paste, which will keep for a long time without fermentation:

Dissolve an ounce of alum in a quart of water warmed; when cold add as much flour as will give it the consistence of cream; then strew into it as much powdered rosin as will lie on a shilling and two or three cloves, ground. It will keep for a year, and when dry may be softened with water.

A Monument to Victims of Cholera.

The *British Medical Journal* says:

On May 23d, a stone was placed in the publiic cemetery of Anona, in memory of eleven medical men who died during three epidemics of cholera which prevailed in that city in the years 1836, 1855, and 1865. Their names were Giuseppe Lorenzin, Domenico Giacobecci, Flaminio Bennazzi, Alfonso Agostini, Gaetano Persichetti, Albino Bonetti, Luigi Pieverzolli, Cesare Pulloni, Eugenio Tucoli, Giovanni Corbisier, and Ercole Stefanini. The ceremony was attended by representatives of the Italian Medical Association, of the Florentine Medical Committee, and of the medical men who came from Florence to render assistance during the cholera epidemic in Ancona in 1865. *L'Imparziale*, from which we quote, adds that, while recording with praise that this commemorative record originated with the medical profession, it must lament that the monument was not raised by others, from whom an expression of gratitude might have been expected.

Correspondence.

DOMESTIC.

A Singular Case in Obstetrics.

EDITORS MEDICAL AND SURGICAL REPORTER:

The history of the following interesting case recently occurred in my practice, which I herewith forward to you for insertion in your valuable journal:

On the morning of the 16th inst., the husband of Mrs. J. D. came to me, stating that his wife was in labor, and desired me to attend her. As the distance was about four miles in the country, when I arrived the child had been born about a half hour. Shortly after my arrival, I made an examination of the child, and its appearance was that of about an eight months' fœtus. It was a female, small, well-formed, but otherwise healthy in appearance. Thus far there is nothing singular or peculiar in the case. In the middle of February, of the present year, I was sent for to attend the same woman, who was then supposed to have had a miscarriage, or about to have, and, if it was not an abortion, it was next thing to it.

When I arrived, at that time, the woman was in bed, and had had pretty severe pain. While I was there, which was about half an hour, she had two or three pretty severe labor or after pains. She had lost a large quantity of blood and water, for I examined the clothing which the woman had on, and they were as much soiled as a great many women's with whom I have been when they were in labor at full time. I made a per vaginam examination at the time, but it was not satisfactory. The woman supposed she was about two months and a half pregnant. As time was more valuable then than it is at others with me, and as she did not have any alarming or unnatural hemorrhage, I left directions what should be done, and requested them to send for me if anything unusual or alarming occurred. I never saw the woman again until the date of the confinement. I then learned that she got up the next day and performed her own work. The accident was brought about through fear or excitement, and riding over a rough road, as she had ridden about four miles over frozen ground to give evidence at court as a witness.

The above case presents two queries, which, however, I do not propose to answer or discuss.

1st. Was the woman pregnant with twins, one of which was aborted and the other retained, which was born on the 16th inst.? or, secondly, could the child,

or ovum, remain in utero and mature after the rupture of the sac (for I believe the sac to have been ruptured) and effusion of blood and water?

In Cazeaux, Midwifery, page 333, the opinion is given that "a rupture of the ovum must inevitably give rise to abortion." This woman, I thought, had certainly miscarried, and I was very much surprised when called on to attend her in labor, and much more surprised to find a child born, living and doing well, as also the mother, when I arrived.

I report the above case, as it is the only case of the kind that ever occurred in my practice. I have attended many cases of abortion, and some of them, I assure you, with no little trouble. I have seen several in which there was quite a profuse hemorrhage, and yet the ovum remain and mature, but I never met with a case, before this one, in which there was a loss of blood and water, and yet the ovum remain and develop. S. M. SNYDER, M. D.

DANVILLE, Pa., July 20, 1869.

Extra Uterine Pregnancy.

EDITORS MEDICAL AND SURGICAL REPORTER:

I have no disposition to occupy much place in your valuable REPORTER with a controversy between Dr. PALMER and myself, which probably interests no one but ourselves, and which may crowd other and more valuable reading matter out of your columns. But let not your and Dr. P's anger be hot against me, and I will write but this once more.

In the last correspondence Dr. P. says: "I did not assume anything," meaning himself. What I controverted was his *statement*, viz: "In no case, except the case I have reported, has the pregnancy extended beyond four-and-a-half months."

The Dr. obliges himself to me for referring him to two cases, and says, "we were already in possession of such information." As the Dr. ignores, or does not comprehend the *bearing* of these cases, on our controversy, I find I must place him under renewed obligations by explaining my object in referring to them. In the one case the fœtus was 22 inches long, the other, the author says, was "as large as an ordinary one at full term." These fœtuses were fully developed, and the time of their development must *necessarily* have embraced the *full period of gestation*. Notwithstanding the Dr.'s declaration that "in no case (except the one I have reported), has pregnancy extended beyond four-and-a-half months. REP. No. 639, page 417." This was the *pregnable* point which I attacked.

The Dr. in his last correspondence appears to emphasize the *seventeen days* beyond full term, and adds, "this then is a remarkable and *exceptional* case." These are his words: "The product of conception continued to develop in its special sac, living and healthy until within two days of the mother's death, which occurred seventeen days after full term." Taking into consideration the vague term, "she became pregnant *about* the 12th of October, 1867," that "the catamenia returned regularly," and that Dr. P. saw the case for the first time over six months after October 12, leaves *questionable* the *exact* time of conception, and consequently the *seventeen days beyond* full term.

Granting, however, that the Dr. knew the *precise* time of conception, there remains a reasonable doubt in my mind, as to the Dr.'s *certainty* of the child being alive within two days of the mother's death, when he did know whether the child was *in* or *out* of the womb.

The Dr.'s conclusion that his is an *exceptional* case, *because* the fœtus lived fifteen days after full term, is therefore based upon exceedingly doubtful premises.

The other position taken by Dr. P., that "in no case has pregnancy extended beyond four-and-a-half months," (excepting his case), is already refuted by the authorities quoted. P. J. ROEBUCK.

Litiz, Pa., July 12, 1869.

Treatment of Chronic Ulcers.

EDITORS MED. AND SURG. REPORTER:

Mr. W., aged 47 years, was afflicted eighteen years ago with psoriasis. After he recovered, there was a small pimple below the Patella, which was cauterized by Dr. E., which was the supposed cause of the ulcer; Mr. W. consulted different physicians to try a cure, but none seemed to do him any good. The part was very much swollen, with great pain and the most intense itching I ever saw; he had no desire for any kind of food, was much emaciated, and had little sleep. Opiates did not produce any effect. I was called to see him, shortly after I arrived here from South Carolina. Ordered Oss. expressed juice of Passiflora Incarnata, to be mixed with ʒiv. Ol. jec. ascelli, and applied thrice daily; used hypodermic syringe; injected one-third gr. sulph. morph. to allay the pain. I saw the case three days afterwards, and never imagined any medicine could act so well. As soon as he saw me he said, "I shall get well." I continued the treatment, and, six weeks from the first application, Mr. W. was perfectly cured. I have used the application in three other cases of ulcers, and with perfect success. I have been as brief as possible. Wishing you and your much esteemed Journal great success, I remain

Yours truly,

JAS. B. MOBLEY, M. D.

P. S.—Since writing the above, I was called to see a little boy, aged eight years, bitten by a rattlesnake, and I must say he certainly would have died, had it not been for your valuable POCKET RECORD. Used your antidote, bisulphate of soda. The little fellow is now perfectly well. I would here beg all my medical brethren, if they have not purchased one of your POCKET RECORDS, to do so immediately, for it is the best record, in cases of emergency, I ever saw. J. B. M.

Hernando, Miss.

News and Miscellany.

Accident.

Dr. Swayze, of Mahanoy City, Pa., a valued subscriber, was recently severely injured by being thrown from his buggy and dragged some distance. We are glad to say that he is now out of danger.

—— Dr. Blatin has recently died in Paris. He has, it is said, left large bequests to the General Association for the benefit of French medical men, and another similar institution, to the Societies for the protection of children and of animals, and to other charitable institutions.

—— The Lectureship on Physiology, at St. Bartholomew's Hospital, London, has been filled up by the appointment of Mr. Morrant Baker.

—— Dr. Lebeau, of Brussels, has died lately, at the age of 73. He was Vice-President of the Belgian Academy of Medicine, and Professor of Internal Pathology in the free University of Brussels.

—— The Council of the Society of Arts have awarded the Albert Medal to Baron Liebig, in recognition of the general importance of his chemical researches.

Army and Navy News.

[CIRCULAR NO. 1.]

Navy Department,
Bureau of Medicine and Surgery,
Washington, July 7, 1869.

The Medical officers of the Navy are invited to forward to the Bureau of Medicine and Surgery, with a view to publication, any reports or essays on professional and allied scientific subjects that they think will convey valuable and useful information.

These papers will be submitted to a competent Board, and such of them as the Board may recommend, published by the Bureau.

Wm. Maxwell Wood,
Chief of Bureau.

[Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

Black—Dawarky. On the 15th ult., by the Rev. Dr. Watson, Mr. David Black, of Centralia, Columbia county, Pa., and Miss Caroline Elizabeth, daughter of Dr. William F. Danawsky, of White Deer Mills, Union county, Pa.

DIED.

Mitchell—In this city, the 25th ult., Mary S., wife of the late B. Kush Mitchell, M. D., and daughter of Samuel C. Spackman.

Westervelt. July 31, at New-Brighton, S. I., Dr. John S. Westervelt, in his 71st year.

QUERIES AND REPLIES.

Diagnoses.

Messrs. Eds:—Case 1st.: Michael, aged 54, has been gradually losing his eye-sight for five or six years. Nothing abnormal, that I can discover, in the appearance of his eyes, except a few nebulæ bordering the Cornea; general health tolerably good; color of eye, sky blue; never has been a close reader, nor engaged in any occupation to over-tax the powers of vision. What can be the cause? Can anything be done that would be likely to restore vision? He can see but very little.

Case 2d: Matthew, aged 48, has been afflicted 15 years with disease of the kidneys. When first attacked, the urine contained a large quantity of sediment resembling brick-dust, which has gradually disappeared. Now the urine is very light, or of a pale color, and, at times, flows copiously. Does not complain of much pain in the region of the kidneys. Is occasionally troubled with symptoms of dyspepsia; never has had any symptoms of dropsy; occasionally has slight palpitation of the heart; complains of soreness of right side, immediately over the liver; appetite tolerably good; can walk about the house; general appearance would indicate a moderate degree of health. Has he what is called Bright's disease of the kidneys? Can he be cured? And what is the best treatment?

W. C. W., M. D.

Ans.—The first case, we think, is amaurosis. The second we shall not venture to specify, but recommend you to analyze the urine.

Dr. G. M. P., of Mass.—Your communication has been received, but you must be aware that, while we allow the greatest possible freedom for the discussion of scientific matters, we cannot admit articles written to defend homœopathy, or eclecticism, or allopathy, or hydropathy, when either of those theories is assumed as an exclusive dogma. Therefore, with every respect to yourself personally, you will pardon us if we distinctly decline the article.

Dr. J. O'B., of Cal.—The Code of Ethics forbids consultation with any physician practising on an exclusive dogma; not but that they may be respectable enough personally, but it is as useless to consult with them as with a person who has never studied medical science.

Dr. G. J., of Ill.—We will send you a wired skeleton, with case, for $45; without case, for $40. Mohr & Redwood's Pharmacy costs $4.00.

Dr. D. F., of Ind.—"Is it right to inoculate varioloid instead of vaccinating, when both are equally practicable?"

Ans.—It is right if you wish to do it, but owing to the greater danger of inoculation, it is rarely done. We know a skilful physician who prefers to vaccinate first, and when that has well taken, he inoculates his patient This he claims is an efficient, certain and permanent preventive of small pox.

Dr. S. L. J., of Mich.—There are various kinds of anal supporters. One costs about $6.00.

METEOROLOGY.

JULY.	19,	20,	21,	22,	23,	24,	25.
Wind.....	N. E.	N. E.	N. W.	N. W.	N. E.	N. W.	S. W.
Weather.	Cl'dy	Cl'dy	Clear	Cl'dy	Cl'dy.	Hazy	Hazy
Depth Rain	Rain	Rain					
Thermom...							
Minimum..	66°	64°	67°	59°	62°	60°	67°
At 8, A M.	68	68	76	70	69	72	77
At 12, M...	72	74	81	77	77	82	85
At 3, P. M.	7 2	76	86	77	78	85	88
Mean.....	69.50	70.50	77.50	70.75	71.25	76.75	74. 25
Barometer..							
At 12, M...	30.	30.1	30.	30.2	30.2	30.2	30.2

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 650.] PHILADELPHIA, AUGUST 14, 1869. [Vol. XXI.—No. 7.

Original Department.

Communications.

RUPTURE OF THE UTERUS.

By B. F. Brown, M. D.,

Oneida, Illinois.

Was called to attend Mrs. L—— July 20, in her sixth labor. Her previous confinements had been very easy and quick, with one exception, six years ago, when craniotomy was resorted to. She is a strong, muscular woman, and accustomed to hard work in and out of doors. Her labor-pains commenced yesterday at 12 m., when she was at work over the wash-tub, and in two hours afterwards, the membranes ruptured with a large flow of water. The neighbor women were called in, and they say her pains were very severe until morning, when they left her. I am called at noon; found her having slight pains every fifteen minutes; general appearance good; pulse natural; vomits when she drinks much water; has taken no food for twenty-four hours; ordered her to take cold milk instead of water; on digital examination found a vertex presentation, but head high up in the pelvis. The os uteri fully dilated, as (I then supposed), and as the examination caused some pain, did not make a very thorough one, but sat down to wait for further developments.

At 9 p. m., there being no change in the position of child, and the pains very slightly increased, gave Fl. Ex. Ergot, one drachm; repeated in one hour, without any apparent effect but to increase the vomiting, which she has had more or less all day. Her bowels at this time were quite painful to press upon; pulse frequent, but full; thirst increased.

At 2 a. m.: Position of child the same; her pains nearly all the time, but not good labor-pains; pulse frequent and small; great thirst; vomiting every five minutes; determined to try and deliver with forceps; when making examination to find the exact position of child's head, discovered it presented through a rent in the uterus, which extended from the os back, and a little to the left side, and as far up as I could reach my fingers. I tried to introduce the forceps, but could not get but one blade upon the head, and for the first time there was a slight hemorrage. I then gave her morphia—grains one-fourth, every hour, which quieted her pains, and called Drs. Cooper and Bacon in counsel.

Nothing was done for her or child, and she died at 8 p. m., undelivered, thirty-two hours after labor commenced, and twenty hours after I was called in. No autopsy could be obtained.

I am satisfied this rupture existed previous to making the first examination, for the pains at that time were greatly aggravated and prolonged when making the examination, but failed to press the head down into the pelvis as they should at that stage of labor. But I attributed this to the large quantity of water which she lost when the membranes were ruptured. Several times during the afternoon she told me, "Now its coming, for I felt it." But upon examination found no change. I think what she felt was the further rupture of the uterus.

Why was there no more hemorrage externally? And is it common for a woman to have her labor-pains regular for fourteen hours after a ruptured uterus?

THE THERAPEUTICS OF DYSENTERY.

By Q. C. Smith, M. D.,
Altha, Mo.

We have taken particular pains to read every standard work, concerning Dysentery, as well as every monograph or essay within our reach, and we find, that, in regard to its pathology or therapeutics, all, more or less, disagree. It would be a useless expenditure of time and space to rehearse all each one has said or written in regard to this disease. Therefore we will content ourselves with giving to the public the benefit of our experience with respect to the treatment. We do not claim that our mode of treatment is *altogether* original, or that it will be *universally* successful.

To make a long matter short, our treatment is as follows: When we are called to a patient presenting unmistakable symptoms of dysentery, we, first, remove all complications, at least as far as time and circumstances will admit of. In other words, our endeavour, so to speak, is to enucleate it from all other diseases. This being done, as far as prudence would indicate, we proceed to administer the following:

℞. Peach-leaf syrup,	℥iv.	
Syrup of ipecac,	℥ij.	
Arom. syrup rhubarb,	℥ij.	
Acetate morphia,	gr. viij.	M.
Ft. Sol.		

S.—Give one teaspoonful every two hours through the day, letting the patient rest undisturbed through the night.

If this amount causes the patient to vomit, diminish the dose until the stomach will retain it.

As to diet, we are not particularly choice, but if the patient can partake of it we direct them to use in the lowest stages, while the stomach is feeble, mutton soup, and as the stomach becomes stronger mutton itself, in moderate quantities.

The "Peach Syrup" referred to in the prescription is not officinal, but may be prepared by any one, thus:

Fill a kettle, of any size, with fresh, well matured, peach leaves, add enough water to cover the leaves, weighting the leaves down, boil gently one hour, remove the leaves, strain the liquor, and while hot add sugar to make a very sweet syrup, and when nearly cool add one ounce of peach brandy, and 2 grs. gum-camphor to each quart of syrup. Let it remain in bulk twenty-four hours, then draw off and bottle for use.

Medical Societies.

OTSEGO CO. (N. Y.) MEDICAL SOCIETY.

The Otsego County Medical Society met at the Court House, on Tuesday, the 20th ult. President, Dr. G. W. Cook.

Dr. Boorn read a report of a case of traumatic tetanus, which was referred to the publishing committee.

Dr. Sprague reported that the committee on Treasurer's accounts had examined the same, compared them with the vouchers, and found them correct. Report received and approved, and the committee discharged.

On motion of Dr. Parshall, Dr. C. W. Frisbie was duly elected a member, and united with the Society, after presenting his diploma and the usual credentials.

The Secretary read an application for membership from Elizabeth D. Pope, M. D., and Mary A. Bassett, M. D. Thereupon a brisk and somewhat general discussion began, and continued for an hour. The topic was "new;" the institution at which they claimed to have graduated, was "unrecognized" in this State, and confessedly "not in good odor" in the State where it exists; "nothing was known of its Faculty, or the extent of the qualifications required," &c., &c. Some single gentlemen thought the presence of ladies "would embarrass and restrict debate;" but the benedicts "knew better." They had "tried it," and assured the fearful ones that the "range of topics was certain to be extended," and that whether a conclusion was "ever reached, would depend mainly on the male members." Finally, on motion of T. B. Smith, for the purpose of saving time, the subject was referred to a committee of three, who were to report in the evening.

Drs. T. B. Smith, Halsey and Sprague were appointed said committee.

"The use and abuse of mercurials" was next discussed by Drs. L. H. Hills, T. B. Smith, Halsey, Sprague, Drake, Crafts, Leaning, and Bassett.

Evening Session.—The Society met pursuant to adjournment.

The committee on the application of Dr. Pope and Dr. M. A. Bassett reported adversely thereto.

Dr. Leaning moved that the report be accepted and approved.

Dr. L. H. Hills opposed the motion; and after some explanations and assurances made by Dr. W. T. Bassett, Dr. Halsey asked leave to amend his report in favor of granting the application.

Dr. W. T. Bassett then moved to refer the subject back to the committee, to report this evening.

Dr. Leaning moved to amend by substituting "at the next meeting," for "this evening."

Dr. Bassett accepted the amendment, and it was agreed to.

Dr. Leaning reported an interesting case of encephaloma of the face.

Dr. T. B. Smith reported a case of "erysipalatus meningitis, followed by diphtheria."

Dr. L. H. Hills reported a case of fracture of the femur, with his treatment.

The thanks of the Society were unanimously voted to Harvey W. Brown, Sheriff, for his kindness in granting the Society the use of the Court House.

The Secretary was directed to notify all persons eligible to membership, that it is their legal duty to unite with this Society.

Dr. Leonard was re-appointed to read an essay at the next meeting. "The treatment of Rheumatism" was selected for oral discussion at the same time.

Dr. Lathrop moved that the semi-annual meeting be held at Cooperstown. Carried.

The President then read his valedictory, which was referred to the publishing committee.

The Society then adjourned.

MINNESOTA STATE MEDICAL SOCIETY.

Pursuant to adjournment from St. Paul, last February, the society convened in Owatonna, June 15, 1866, at 11:30 A. M.

Dr. Samuel Willey, President, being absent, Dr. J. H. Murphy, of St. Paul, was chosen chairman.

First in order of business came the admission of new members, ann the following committee on credentials was appointed:

Drs. Noyes, Mattocks, and Lindley.

Dr. H. Kimball, essayist, appointed at the last meeting, being unavoidably absent, his paper on Rheumatism was read by Dr. W. F. Hutchinson, of Minneapolis, and placed on file.

A long discussion ensued upon the points presented by Dr. Kimball, participated in by several members. and it was the opinion of nearly all present that the climate of this State has been unjustly condemned as exercising a harmful influence upon this disease.

At 3.30 P. M.. Dr. Willey, President, arrived and assumed the chair.

Dr. Rhodes, of Stillwater, introduced a resolution prohibiting the admission of any person to membership in the Society, until he had presented to the committee on credentials, full and satisfactory evidence that he was a regular practitioner of medicine. After some debate by Dr. Adams, of Hastings, and the president, the resolution was adopted.

The report of the several county committees, appointed to ascertain the names and number of regular and irregular practitioners in the State, then made the following report:

Counties.	Regular.	Irregular.
Ramsey	24	21
Hennepin	18	21
Washington	4	5
Fillmore	11	8
Dacotah	5	4
Houston	4	5
Wabasha	8	4
Steele	5	4
Olmsted	8	6
Goodhue	8	4
Winona	20	9
Dodge	4	2

Dr. Murphy announced that the President, Dr. Willey, had authorized him to offer for competition among the members of the society the following prizes:

Fifty dollars for the best essay on the epidemic and endemic diseases of Minnesota, and

Fifty dollars for the best essay upon Cerebro-spinal Meningitis—the relative merits of the essays to be decided upon by a committee to be appointed by the President, the names of the competitors not to be made known until after the award of the prizes.

On motion of Dr. Mattocks, of St. Paul. a vote of thanks was tendered to Dr. Willey for his generous offer.

Dr. Mattocks then opened the subject for discussion, Quackery, in a spirited address. A lively debate ensued, participated in by Drs. Rhodes, Murphy, Hutchinson, Blond and others—when, on motion the subject was changed to Typhoid Fever. This having been thoroughly discussed, on motion of Dr. Milligan, of Wabasha, the following committee was appointed by the chair to investigate the cause and treatment of Typhoid Fever, to report at the next annual meeting. Drs. Milligan, Richardson, and Mayo.

The members having been presented with certificates of membership, handsomety lithographed upon parchment, a motion was made by Dr. Hutchinson, of Minneapolis, to adjourn *sine die*.

FAYETTE COUNTY IND., MEEICAL SOCIETY.

The quarterly meeting of this Society was held in Connersville on the 1st ultimo.

The following gentlemen are the officers of the Society:

A. Koogler, President; G. W. Garver, Vice President; J. Chihoove, Recording Secretary; W. S. Pepper, Corresponding Secretary; W. H. Smith, Treasurer; D. D. Hall, V. M. Gregg, Censors.

——The *Union Medicale* announces that the Swedish Faculty of Medicine is about to open its doors to female doctors, and to issue diplomas equivalent as regards the practice of the profession to those given to men.

——Miss Garrett has passed the second examination for M. D., at the University of Paris.

EDITORIAL DEPARTMENT.

Periscope.

Iodide of Ammonium in Diseases of the Glandular System.

Dr. I. WARING-CURRAN writes to the *Medical Press and Circular:*

The iodide of ammonium in diseases of the glands I find by experience a much more active therapeutic agent than that of the iodide of potassium, whether internally administered or locally applied. In the following forms of glandular diseases I can testify to its efficacy and curative properties, and have no hesitation in pronouncing it one of the best preparations with which I am acquainted.

GOITRE.—There is no part of England wherein I have seen more cases of bronchocele than at Bacup, a cotton manufacturing valley, about twenty miles from Manchester. Sixty per cent. of the female population suffer from goitre in some shape or form. The usual history is, that it commences "*during the pains of the first labor.*" I have had ample opportunity of remarking the accuracy of the statement that there was a connection between goitre and the uterine functions, that the gland became enlarged during the menstrual period, and particularly so in old goitres in women about change of life, when the discharge is scanty and the color altered. All the several varieties of bronchocele are to be seen in the valley of Rossendale. One patient is so unfortunate as to possess one which I am confident would weigh fourteen pounds; it extends over the clavicles and sternum, upon which latter it rubs, and causes little inconvenience apparently. The enlargement has been steadily increasing for thirty-seven years.

Cases of incipient goitre treated soon after their being first observed with the iodide of ammonium, made good and permanent recoveries. I prescribe the iodide thus:

℞. Ammonii iodidi, gr. xl.
Spiritus chloroformi, ʒij.
Aquæ camphoræ ad, ℥viij.
Cap. ʒj., ter in die.

At the same time I direct the following cerate to be rubbed into the growth night and morning:

℞. Ammonii iodidi, ʒij.
Glycerinæ, ʒij.
Adipis benzoat, ℥jss.

In some few cases I have obtained great benefit by stopping the iodide of ammonium mixture for a few days, and substituting the hypophosphites of lime. Hitherto, I have inwardly given the old standard formula of iodine with iodide of potassium, but a more extensive field in the treatment of the complaint convinces me of the superiority of the drug I advocate.

TABES MESENTERICA.—The local application of the iodide of ammonium ointment over the abdomen, and the internal administration of the same drug—the age of the patient guiding the dose to be exhibited—surpass any form of treatment previously had recourse to. Of course the convalescence is slow, and cod-liver oil or glycerine, pancreatine and suet and milk must be given; but these Ii nclude more among the articles of diet than the medicines of the physician. A steady perseverance with these measures effects much good. The iodide of ammonium appears to reduce the size of the enlarged glands whose functions are impeded, and to permit the process of assimilation to go on its natural way.

STRUMOUS ENLARGEMENT OF THE LYMPHATICS, wherever situated, if treated before pus has actually formed on the areolar tissue covering the part disorganized, will, as a rule, yield to the iodide of ammonium, combined with a generous diet and change of air. I have before me, in my case-book, the history of a girl, aged eleven years, who had long suffered from strumous enlargement of the cervical glands, the sequelæ of scarlet fever. She had taken syrup of the iodide of iron, Parrish's "chemical food," iodide of potassium, quinine, and cod-liver oil, but without effect. As a last resource, and it was one of the first cases wherein I prescribed it, I directed her to take three-grain doses of the iodide of ammonium twice a day, and to apply the cerate containing the same preparation. I had the satisfaction of observing day after day the well marked gradual diminution of the glands, and the speedy restoration to health. The relatives informed me afterwards that their patience was so exhausted with the girl failing to improve, that they were in the act of calling in further advice. Had such been done, and the iodide of ammonium prescribed, the consequences would have been unpleasant in the extreme. And how often is it that members of our profession obtain a notoriety through similar occurrences, while in one or two instances I know they had not the honesty to give credit where it was actually due and well won, but retained for themselves a success to which they were far from entitled.

SIMPLE STRUMOUS ADENITIS gives way more rapidly and with better results under the iodide of ammonium than any other treatment.

Sympathetic Bubo has, in four cases which I have specially treated with the medicine advocated, terminated so satisfactorily that I cannot refrain from recording the circumstance.

Enlargement of the Spleen after Ague.—I had an opportunity last August of testing the therapeutic effect of the ammonium in some cases of enlarged spleen in a most fenny district in South Lincolnshire. Although the benefit was not permanent in any of the cases, as I believe it was not persevered in for a sufficient length of time, yet, during the period the drug was being administered, the more immediate symptoms appeared to yield to it.

Chronic Hepatic Enlargement has in several instances been recorded in my case-book, where blue pill, podophyllin, taraxacum, and nitro-muriatic acid have proved inert, turned out as cured. I can strongly recommend the drug in this disease, but I invariably blister the hepatic region first, and then dress the blistered surface with the iodide of ammonium cerate.

Tubercular Sarcocele was treated in three instances by the iodide of ammonium. In two of the cases there was a syphilitis history, and as the patients were pressing for a speedy rather than an effectual recovery, I combined four drachms of blue ointment with the iodide of ammonium cerate, with the best effects subsequently; so that I am unable to give all the credit to the iodide of ammonium—a drug which my experience teaches only requires to be fairly experimented with in order to be more generally employed in diseases of the glandular system.

The Economy of Ventilation.

The financial gain which may result from an outlay on fresh air, is very forcibly illustrated by a recent communication of General Morin to the Academy of Sciences, Paris.

General Morin communicated some curious facts resulting from the good ventilation of a large cloth factory at Orival near Lisieux. The looms are set up in a large hall measuring 61 metres by 33, but only three metres and a third in height. Each weaver has a space of five square metres and a third allotted to him, and the net capacity of the hall is about 6,000 cubic metres, thus allowing each person only 15. The factory is not warmed in winter. The great number of hands, the necessity of keeping the cloth on the loom in a sufficient state of moisture, the emanations of the gas burners, and want of regular ventilation, rendered the place so pestiferous that the number of hands on the sick list was generally between 30 and 40. Moreover, the work was often interrupted, because of the necessity of allowing the workmen to go out now and then, in order to breathe a little fresh air. They had lost all their appetite, and were consequently weak and slow at their work. The master of the establishment, M. Fournet, at length resolved last year to lay out a sum of 15,000f. for the purpose of introduciug a good system of ventilation. The tall chimney of the engine-room was so arranged as to draw off the vitiated air, and orifices for the introductiou of new were opened in the ceiling, with contrivances for regulating the quantity. In this way a permanent supply of about 14,000 cubic metres of fresh air per hour was obtained, and the results observed in the course of the ten months the system has been in operation are really astounding. Instead of the ten or twelve men per day obliged to leave off work on account of illness, the sick-list is now reduced to three or four a day, so that there is a gain of nearly 2,400 days a year that were previously lost both to the establishment and the workmen, who, in the aggregate, thereby profit to the amount of about 5,000f. per annum, both in wages and saving in medicines.

Effects of a Pistol-Shot Fired Close to the Chest.

J. Daniel Moore, M. D., F. L. S., communicated the following case to the *London Lancet:*

A very interesting case, illustrating the effect produced by discharging a pistol loaded with a small bullet only, fired close to the body, occurred in the person of W. B. Kendall, a man forty-three years of age, who committed suicide by shooting himself, and was found dead in his house in Lancaster, on the 3d of June, 1869.

When found, he was lying on his right side on the floor of the kitchen of his house. There was a large pool of blood near him; and a pistol that had been recently discharged, having an exploded percussion cap on the nipple, was lying at his feet. The fingers of his right hand were blackened as if from the explosion of gunpowder. He was dressed in his usual clothing, was quite dead, and rigor mortis established.

I saw the body on the following morning, and found that there was a large hole in his coat, waistcoat, shirt, and under-shirt on the left side. The margins of the holes were scorched and ragged, and some of his clothes were saturated with blood. There was also an aperture in the wall of the chest sufficiently large to allow me to pass my hand freely into the thoracic cavity. When the body had been stripped, this wound was found to be circular in shape, and nearly 3 in. in diameter; portions, about $2\frac{1}{2}$ in. in length, of the fourth and fifth ribs, at about 3 in. from the sternum, on the left side, were in fragments, and carrried into the chest. The margin of the wound was burnt, ragged, and slightly inverted. The inversion may, however, have been caused by the hands of several medical men having been introduced into the wound. On opening the chest, the heart was found to be intact, and situated

nearer to the right side than its normal position. The left lung was completely shattered; and in its substance were several fragments of bone from the broken ribs, and pieces of cloth from his apparel. There was no aperture of exit, and for some time I failed to detect any shot or ball; but, on continuing my examination, I discovered a small leaden bullet, measuring about three-eighths of an inch in diameter, and weighing a drachm and a half (72 to the lb.), impacted in the substance of the left side of the fourth dorsal vertebra and head of the corresponding rib.

This case will be of importance to the medical jurist from showing the great extent of injury that may be inflicted with a pistol loaded with powder alone; I say powder alone, for a bullet so small as the one discovered could not inflict more than a comparatively small amount of the injury that the deceased received. I have no doubt but that the demolition of the chest-wall, covered with several thicknesses of clothing, to the extent of a circle nearly nine inches in circumference, the fragmentation of the ribs, and shattering of the lung, are entirely due to the muzzle of the pistol having been pressed closely to the chest; for had the injury been produced by the bullet alone, a small opening of little more than a quarter of an inch in diameter would have been the result; at the utmost one rib only would have been fractured. From the fact, however, that the centre of the opening corresponded with the intercostal space, I am inclined to think that the ball would probably pass through that space, and that both ribs were fractured by the force of the explosion alone.

A Feigned Tumor of the Jaw.

Emamun, a Mussulmani, aged fifteen, was brought to me on November 20th by her parents. They stated that upwards of a year before they had observed a small tumor near the angle of the lower jaw on the left side. It continued to increase slowly; native practitioners failed to give relief; and at last, despairing of a cure, they had brought her to have it removed by operation. There was a tumor on the left side of the face, rounded, of the size of a tea-cup. The skin slid easily over it, and its most prominent part was dusky red, and apparently on the point of ulcerating. The tumor was firm, of a bony consistence, and seemed equally connected with both jaws. The lower jaw was fixed, the mouth nearly closed, and the girl complained of great pain. In spite of the suffering she had undergone, she had not lost flesh, and the right cheek was plump and rounded. On separating the lips, to inspect as far as possible the interior of the mouth, I observed the ends of two flat bands of a black colour which hung from the tumour into the mouth. On inspecting these somewhat minutely (which was a matter of some difficulty, as she was perpetually starting back, and complaining of great pain) I noticed certain lines which seemed to me to indicate either that the bands were pieces of cloth inserted into a cavity in the tumour, or that cloth of some sort had been recently placed in contact with them, so as to leave its impression. I asked the parents if any cloth had been introduced into the mouth; but they asserted that such was not the case, and the girl corroborated their statement. I now seized the bands with forceps, and, using a little force, succeeded in removing it; the girl shrieking loudly, and endeavoring to seize my hand. The band was simply a piece of cloth. On examining the mouth I saw what was undoubtedly a second piece of cloth, which I also removed, and thus I went on removing piece after piece till every vestige of the tumour disappeared. The girl looked foolish and sulky. The parents seemed stupified, and could not at once realize that their daughter's illness was pure deception. They brought her to me again on the following day. There was not the slightest trace of disease. The teeth were sound, the jaws well formed. The right cheek was, as I have said before, plump and round; the left was thin, and hung flaccid and void of expression. The centre of the cheek, which formed the most prominent part of the tumour was now shrivelled up, like the skin of a withered apple. The tumor was composed of twenty-three pieces of cloth, weighing, when washed and dried, 4 ounces.—Dr. Macleod Cameron in *Indian Medical Gazette.*

Disarticulation of the Upper Maxillary Bones.

Mr. J. H. Slater, M. R. C. S., sends the following case to the *Medical Times & Gazette:*

So complicated are the injuries which usually happen to the bones of the upper jaw that no attempt has ever been made, as far as I am aware, to establish a systematic classification of them, or special rules for their treatment. Feeling, therefore, that any addition to the instances already recorded would be acceptable to those who are interested in this subject, I venture to give a short account of a case which recently occurred in my own practice, which, to the best of my belief, is unprecedented in the extent of its injury and subsequent result, in the annals of Surgery.

In August last, W. S., a laborer, aged 30, was driving a wagon when one of the horses suddenly fell and knocked him down, with his head under the animal. The ground was very hard from the previous drought. When first seen he was sensible, though unable to articulate distinctly; his face was bruised and swelled; his lips and teeth slightly apart, the upper jaw projecting somewhat over the lower, and unable by any effort to be closed upon it. There was no great deformity of the general expression of the face. On touching the cheeks, they appeared to contain a quantity of "loose bones;" on both sides the malar bones were displaced and movable. On

laying hold of the upper incisors, the wedge-shape portion of bone corresponding to the position of the superior maxillæ and malars was so movable that the impression conveyed to myself and my assistants was, that, by a forcable twist, the whole could have been brought away but for the attachments to the soft parts. At the articulation of the nasal bones with the frontal and lacrymal there was a very distinct separation. The floor of each orbit was depressed and freely movable, the left rather more than the right. The entire jaw seemed to be protruded forward, the teeth being abnormally prominent and overhanging. The alveolar ridges and other portions of the bones were unbroken. The horizontal plates of the palate bones were severed from their connexion with the vertical, and with their articulation with the internal pterygoid processes of the sphenoid, which could be ascertained on passing the finger along the roof of the mouth, by their extreme mobility. There were no external wounds beyond bruises and abrasions, though the œdema and ecchymosis were subsequently considerable.

The appearances above described were clearly made out and recognized by all present, professional and otherwise, and the disarticulation was beyond a doubt, inasmuch as the bones, in their wedge-shape entirity, could be freely moved backwards, forwards, upwards, downwards, and from side to side. The separation of the malar bones from their articulation was no less distinct. For a considerable time sense of smell was absent, and the tears, by reason of a slight displacement of the puncta, coursed over the cheeks. At first hemorrhage from the nostrils was severe. At no time was there any great pain.

With much time and trouble, I carefully adjusted a gutta-percha casing to the parts. A horizontal slip passed across the upper lip, and exerted backward pressure on the alveolar ridge, to obviate its tendency to eversion. This was joined by two lateral flaps brought from the top of the head (corresponding with the coronal suture) beside the cheeks, and united with another horizontal slip passing from the back of the head below the occiput to either side, to steady and keep in position the two malar bones. These were carefully padded with strips of spongio-piline, which readily adhered to the gutta-percha when hot. Over all, a bandage was put, fixing firmly the lower jaw on the upper by exerting upward pressure. He was fed through an opening of his teeth with fluid food.

In the course of five or six weeks I removed the gutta-percha apparatus, and put on a starch bandage for another fortnight. It was several months before he could bite solid food. He is now quite convalescent, and very little the worse for his accident, though, as if to bear testimony to the curious nature of the injury, the upper jaw appears to be set slightly askew, and the depression between it and its articulations are abnormally wide.

Preliminary Science Training in France.

We commend, says the *Medical Times & Gazette*, to the notice of those of our readers who are interested in the reform of Medical education in this country the following lament, which appeared in a late number of the *Gazette des Hopitaux*. The article is headed "The Faculty of Medicine and the Faculty of Biology," and the writer (Dr. E. LE SOURD) says:

"The separation is daily becoming more marked between clinical Medicine and the Medicine of the laboratory; between medical observation, strictly so called, and the application of chemistry and physics to Medicine; between the teaching of the Medical Profession, and the teaching of Medical biology or physics and chemistry. A faculty of Biology has been installed in the Faculty of Medicine, and, like all parasites, which end by killing the beings by which they exist, that which is not Medicine in the Faculty has succeeded in stifling the Medical element. 'Medicine is passing in our time through a curious phase of renovation; sciences which were formerly styled accessory, and which were somewhat neglected, now become almost of first importance.' Such is the sentence just pronounced by the Minister of Public Instruction, in defence of his university budget, to justify the foundation of public laboratories of chemistry, physics, physiology, and histology. It is the funeral oration of the Faculty of Medicine of Paris. Formerly Medicine and Surgery were taught there to make men useful to the sick, and physics and chemistry were taught but as accessories to special Medical education. In the present day sciences which used to be regarded as accessory are almost of principal importance, and such is the Faculty of Medicine as it appears to the Minister of Public Instruction. In this new direction given to the Medical studies what becomes of Medicine? It is easy to foresee, and, indeed, it is known already by the clinical inefficiency of the Surgeons who present themselves for the examination for the Fellowship and for Hospitals, or by the weakness of the competition for the House-Physicians' posts. The pupils know some biological physics, some comparative physiology, and something of histology, but they are almost ignorant of common anatomy, of regional anatomy, of human physiology, of common pathological anatomy, of symptomatology, and of the principles of diagnosis, that is to say, of what constitutes the basis of practical Medicine and Surgery. *Pauvre Faculte!*"

Otitis in Infants.

At the Paris Medical Hospital Society, M. PARROT, on presenting some specimens, read a communication "On Otitis of the Middle Ear in New-born Infants." On examining the bodies of new-born infants, lesions of the middle ear are frequently met with, which have hitherto excited little attention. They are almost always similar in character, any differences observable being referable solely to the period of

their evolution at which they are observed. On opening the cavity of the tympanum it is found filled either with a reddish, semi-transparent, gelatinous substance, a greenish yellow mass like concrete pus, or a yellowish liquid of the consistence of serous pus. In the first case the ossicula and the membrane lining the tympanum are in their place, and of a red color. In the second the redness is much more intense, and the membrane is tumefied, red, opaque, and difficult of recognition. When a fluid like serous pus fills the cavity the membrane has disappeared, and the separated bones are lying in the fluid. Accompanying this condition, thus far there has been found no appreciable change in the external meatus or the internal ear, and although the Eustachian tube is sometimes tumefied and obstructed with mucus, it is in general healthy. The membrane of the tympanum on its external surface has always been found intact, although its mucous layer is often softened. These appearances, as well as those derived from microscopical examination, clearly show that the lesion must be regarded as belonging to the class of catarrhal inflammations. Its influence in producing deaf-dumbness need not be insisted on. In some of the cases upon which the paper has been founded, the infant manifested during life more or less deafness. As to the causes of this otitis much obscurity exists. It is met with accompanying very different affections, among which pneumonia is especially to be noted, as also the diseases of the digestive canal which are so common at this period of life. But it may be stated that most of the infants in whom the lieson has been observed have suffered during a variable period from great disturbance of nutrition, owing to insufficient or faulty food. M. Dumontpallier observed that the frequency with which M. Parrot has met these appearances would seem to show that they had not any great influence on deaf-dumbness. M. Parrot replied that, in fact, the children who have these lesions in an advanced degree die, but others who are only slightly attacked survive. As to the actual part the disease in question plays in producing a fatal result, this is probably not considerable, as it is very rare to find the lesions propagated to the brain. The right side is the one usually affected, and if both sides are so, that is usually the worst. As already observed, nineteen-twentieths of the infants on whom these researches have been made have died either from lobular pneumonia, or affections of the digestive canal.

Heart Disease and the Turkish Bath.

Another death has taken place in the Turkish bath at Cork, and it has again raised the question as to how far it is secure or judicious for cardiac patients to undergo the violent variations of temperature which the bath involves. It appeared from the evidence that for the previous week the deceased's appetite had somewhat fallen away and he was not in strong health, though he did not complain. He went to the bath between seven and eight o'clock, was there about three-quarters of an hour, there being other persons in the same room (the sudatorium, or intermediate apartment) at the time. Deceased was on a couch when it was noticed that he breathed heavily, and that he was in a fainting state. Assistance was called and the deceased was removed at once to the outer or cooling room, and restoratives were applied. Dr. Shinkwin was sent for and came immediately, but the deceased had expired before his arrival. In the doctor's opinion (without having made a *post-mortem* examination) the deceased was a man of weak heart and had died from syncope. In reply to the Coroner, Dr. Shinkwin gave it as his opinion that the Turkish Bath was not fit for a person in deceased's condition—with a weak heart. Dr. Barter gave it as his opinion that the bath was beneficial for persons with weak hearts, and said he had several patients in that condition at his establishment at Blarney who took the bath twice a day with manifest advantage. The jury returned a verdict to the following effect: "That death was caused, as they believed, by syncope, his illness lasting about an hour; and that every attention was paid to the deceased while at the bath."

It was obviously not the function of the jury to declare whether or not persons suffering from heart disease might safely take the bath, but it is nevertheless a question which must be answered by those who say that they may. Without pledging ourselves to a verdict, we must say that the feeling of the profession is greatly against the use of the bath by such persons, and all our present knowledge on the subject is against subjecting them to the danger.

It is, indeed, a great responsibility for those who advise the use of the bath, and it would be well if they could place before the profession some of the arguments which they consider justify them in giving the advice.

Signs of Death after Lightning Stroke.

Benjamin W. Richardson, M. D., F. R. S., has been making extensive researches with the great induction coil at the Polytechnic Institution in London, to ascertain the effects of lightning stroke upon animals, with a view to throwing light upon some hitherto doubtful points connected therewith. The importance of being able to ascertain whether a person is dead or otherwise after being struck by lightning will not be disputed. Dr. Richardson asserts that it would be the easiest mistake in the world to look on a man struck by lightning as dead, when in truth he is only stunned.

He says: I am free to confess, and it is right to confess, I have seen an animal so seemingly dead after electrical discharge that at first I adjudged it dead, and yet it has spontaneously recovered. If then I, who am somewhat conversant with the

effects of these shocks on living organisms, might, by too hasty an examination, be deceived, how much more so those who by mere accident first approach the victims to the lightning discharge; and how shall all men be guided toward a more correct knowledge as to the positive signs of death? I answer on this point with much less of knowledge than I could wish, but I may perhaps so answer as to prevent one of the most serious of errors. The positive signs of death after lightning stroke, as far as I know them up to this time, are—

(1.) *Absence of all Indication of Motion of the Heart.*—This sign must be accepted with the understanding that there may be action of the heart which does not declare itself by audible sound or sensible motion detectable through the walls of the chest.

(2.) *Absence of Reflex Action.*—As a rule, an animal which has been stunned simply by the electrical shock shows signs of reflex motion, so-called, when an irritant is applied to the eye or when the skin is pricked over a muscle. Whenever there is an exhibition of reflex action, the evidence is almost certain that living action is not absolutely suspended. But it must also be accepted with this understanding, that in batrachians, at all events, its absence does not of necessity denote death. We give a shock to a frog, for instance, and we see, on applying an irritant, that the animal shows no reflex action. Yet the probabilities are that the animal will be restored to life.

(3.) *Decrease of Animal Temperature, in the Cavities, to the Temperature of Water left exposed to the surrounding Air.*—This, in our present state of knowledge, is a fair proof of actual death in warm-blooded animals. It does not prove the impossibility of recovery.

(4.) *Absence of Color in Semi-transparent Structures.*—The passing of a strong light through the hand, or other semi-transparent structure, and observing if the red color which is seen in the living parts is absent, is a good sign of death; but is not, I think, absolutely reliable, inasmuch as there may be so much resistance to conveyance of blood through the vessels that coloration due to the presence of blood in them may be absent in the hands, or even in the cheeks, while yet there may be motion of the heart.

(5.) *Rigidity of Muscles.*—If muscular rigidity be general, and the muscles of the chest be rigid, the evidence of absolute death is sufficient. But a partial or local rigidity of muscle is not of sufficient evidence. Rigidity may occur in one limb, so we saw at the last demonstration, in the line in which the electrical current has coursed through the body, and may not designate total extinction of living action.

(6.) *Coagulation of the Blood in the Veins.*—This is at once a ready and good sign of death. In the human subject the largest vein that can be found immediately under the skin should be laid freely open, a fillet being first applied above the place for the opening. If, then, in the vein there be found a coagulum, the inference is fair that the process of coagulation is complete, and that restoration of life is impossible.

(7.) *Decomposition.*—Lastly, the occurrence of decomposition of the body is the final proof of actual death; and although when the blood in the venous system is distinctly coagulated, and there is general *rigor mortis*, it may not be necessary to wait for decomposition of the body before committing it to the earth, in the absence of the two changes just named—coagulation and rigidity—evidence of decomposition ought always to precede the act of burial.

Reviews and Book Notices.

A Treatise on the Diseases of the Eye. By J. Soelberg Wells. First American edition. With 216 engravings on wood, and 6 colored plates. Philadelphia: H. C. Lea. 1869. 1 vol. 8vo. pp. 736.

The very complete work of Dr. Wells has been received with great favor by English opthalmologists, and we are glad to see it reproduced in this country. It aims to give succinct and practical information on all the diseases of that organ, embracing the opinions and treatment of the best oculists in England and on the continent. The republication has passed through the press under the supervision of an American oculist, who has added several valuable notes, and included in the appendix the test types of Jaeger & Snellen, both of great importance in diagnosis.

The illustrations are also more numerous in the American edition, and the paper and print in Mr. Lea's usual satisfactory style. No doubt the work will command the attention of all interested in this speciality.

A Manual of Elementary Chemistry, Theoretical and Practical. By George Fownes, F. R. S. From the tenth revised and corrected English edition, edited by Robert Bridges, M. D. With 197 illustrations. Philadelphia: Henry C. Lea. 1869. 1 vol. pp. 857.

We hardly recognize in this thick volume the "Fownes" of our student days. The progress of chemistry has been so rapid, it is becoming such a universal science, and is daily being adapted to such wider views of matter, that he who studied it, no matter how carefully, a half dozen years ago, will feel quite at a loss on turning the pages of a treatise just issued.

The distinction between organic and inorganic chemistry is falling away, as is that between organic and inorganic life. New nomenclatures and new theories in chemical philosophy are introduced. The nomenclature adopted in this edition of the work before us, is simplified by discarding the word "of" in the names of salts, and using an adjective form for the names of metals. Nitrate of silver is "silver nitrate," corrosive sublimate is "mercuric chloride," calomel, "mercurous chloride," etc. These changes are, however, readily acquired, and are no doubt adopted for real convenience and accuracy.

This edition is so thoroughly revised and carefully edited that it no doubt will continue and extend the popularity of the book, and maintain its place as the best manuel for students extant.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGTST 14, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

As we are about to reduce our stock of odd back numbers of the REPORTER, in order to make room, it is desirable that all who wish to complete their files should notify us *by the 10th of August*. Bills will be sent with the numbers ordered.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

THE UNITY OF DISEASE.

The recent investigations of Dr. DARWIN, into the development of animal life, and the probability he makes apparent that there is no fixed, inevitable boundaries to species, will result, if proven by the progress of observation, in materially modifying our classification of natural objects. To what end multiply the descriptions of species, and apply names to this and that newly discovered plant or animal, if, in a few years, perchance, or in a few ages at any rate, it will have to be done over again? Why go to the trouble of labelling the whole world, when, in no long time, many of our labels will be awry?

Naturalists object to DARWIN's theory on the score that it throws everything into confusion. But this is far from being the case. There is a higher standpoint, if they will or can reach it, from which a more perfect unity is visible, and a more advanced order than they have imagined in their own little arrangment of this universe.

In our own particular branch of natural science—that of medicine—a similar tendency is displayed. The nosologies that lay down their fourteen hundred separate diseases, the treatises on diagnosis which define with such sharp outlines this or that malady, the divisions of the text-books looking to the same ends, seem to the minds of some but make-shifts to aid our business—not as representative of the true state of the case. Needful they may be, but not real. They are like the lines and cubes which the geometrician uses. He cannot well get along without the assistance of some such visible and tangible helps, but he starts out with the definite understanding, and he is careful to keep the truth ever before him that a line in fact has length only, and no breadth; that a plane is a superficies, but it has no thickness, and that a cube is a combination of planes wholly without substance.

So disease, it is claimed, is not at all multiform in nature, but only in manifestation. Like a skilful actor, it appears in a hundred disguises, but remains ever the same. This anecdote was recently told us of Dr. Physic, half a century ago one of Philadelphia's most distinguished physicians. He was discoursing of disease to several medical men at the Philadelphia Hospital, and he made this remark, which none but a very eminent man would dare to make: "I care very little for the name of a disease. I often treat a case for days, or, indeed, throughout, and do not give it any name, even to myself. I more frequently specify the complaint in order to satisfy the friends, than for any advantage it is to me. If you really understand a Latin sentence, it is indifferent whether you can translate it glibly or not."

ACTION OF THE UNIVERSITY OF LOUISVILLE.

We have received a copy (official) of the following resolutions, which we very willingly publish, merely remarking in reply to the intimation that we did not know what we were writing about in our strictures on Dr. Bell's article, that as editors and physicians we *do* know the right of every editor to comment

severely, if he thinks he sees just occasion, on public lectures and printed books, and the impropriety of any physician in indulging in personal diatribes in medical journals, because he feels hurt at such comments.

MEDICAL DEPARTMENT UNIVERSITY OF LOUISVILLE,
LOUISVILLE, July 23, 1869.

At a meeting of the Faculty held this day, the article from the *Medical and Surgical Reporter* was read, headed "unmannerly," whereupon it was

Resolved, That this Faculty, while it entertains a high respect for the Editors of the *Medical and Surgical Reporter*, and is disposed to listen candidly to their suggestions, claims to be more competent to judge of matters immediately under its eyes, than they can be at a distance.

Resolved, That in the controversy between Prof. Gaillard and Prof. Bell, in which the Editors call upon the Faculty to interfere, the Faculty is of opinion that Prof. Bell has simply acted in self-defence, and that under the provocation his reply to Prof. Gaillard's attack was justifiable.

Resolved, That a copy of these resolutions be spread upon the records of the Faculty and forwarded to the Editors of the *Medical and Surgical Reporter*, and to the Editor of the Nashville *Journal of Medicine and Surgery*.

GEORGE W. BAYLESS. EDWARD R. PALMER,
J. MORICE BODINE, JOHN E. CROME,
JAMES W. HOLLAND, DAVID W. YAUDELL,
LANSFORD P. YAUDELL, JR.

MEDICAL AND SURGICAL HISTORY OF THE WAR.

We have recently received from the Surgeon General U. S. A., a copy of Circular No. 2, S. G. O. 1869. It is a report on the Excisions of the Head of the Femur for Gunshot Injury, and makes a compact quarto volume of 141 pages. There are two appendices, the first containing a list of such excisions as have been reported; the second a complete biography of the operation. The treatment of the subject is most complete and admirable.

We understand that the two volumes containing the *first part* of the "Medical and Surgical History of the War" are in such an advanced state of preparation that their publication may be soon looked for. One volume, on medicine, contains tabular statements of the sickness and mortality of the United States armies, for five years, and a discussion of these tables; the other volume, on surgery, containing histories of the wounds of the head and chest. The two volumes will be of about 900 pages each. About half this number of pages are already printed, and the work is rapidly going forward. The complete Medical and Surgical History will consist of six quarto volumes—three on medicine and three on surgery.

Of the Circular on Excisions of the Hip, it may be safely said that it is the largest contribution yet made to that subject. Not less than 85 cases of excision for injury are recorded. Particulars are given of over five hundred injuries supposed to have involved the hip primarily or secondarily, and the relative value of treatment by expectancy, amputation or excision is discussed with a greater basis of facts than have ever been known before.

2. The pretensions of Eve, Grow and Piragoff are effectually crushed.

3. The lithographs and wood cuts are really admirable, and if the latter were printed on linen paper they would rival the best work of Boggs and the other artists employed by Churchill of London. On this subject it might be mentioned that Pitha and Bilroth, in their great systematic work on surgery, had copied nearly all of the wood cuts in Circular No. 6, 1865, and as much may be said of Didiot, Smith, Esmarch, etc.

Notes and Comments.

A Medical Witness.

The London *Lancet* gives the following scraps of medical evidence:

Mr. Reid, in the box, cross-examined by Mr. Quinlan, counsel for plaintiffs.

Quinlan—You have an extensive private practice in addition to your hospital duties?

Reid—I have a very good consulting practice. Most of my patients come from far, live in the various hotels in the town, and do not occupy my time nearly so much as a very general moderate practice. In point of fact, I never am days in attendance on a midwifery case, and do not go out half a dozen times a day to visit a child who has eaten too much plum pudding. That is the business of a general practitioner, and not of a consulting surgeon.

Quinlan—What is your income from your private practice?

The Chief Justice—I think you are going too far, Mr. Quinlan.

Foreman of Jury—It appears to me, your Honor, that the counsel for the plaintiffs is occupying our time needlessly in subjects that should not come before us.

The Chief Justice—I perfectly agree with you.

Quinlan—Could you give us any idea of the time you take to make an examination of your private patients?

Reid—The time I take varies; but I will give you an instance that occurred not long ago. A gentleman called upon me with a husky voice, stating that he suffered from rheumatism, and wished my opinion. I observed that he entered my room with his head and chest bent forwards. In reply to my queries, he admitted that he had pain in the back

and in the left shoulder; that he had great difficulty in swallowing, the food appearing to stick in his throat; that at night he was constantly obliged to bend his body well forward to get relief, and that he had a difficulty of breathing. On putting up his shirt, I found the heart's apex outside the nipple line, and there was little respiratory action in the left lung. I told him at once that he had a small aneurism pressing upon the left bronchus, and that if he did not take care he would die suddenly. He paid me a guinea and went away. The time I have taken to describe this to you is about the same time I devoted to the patient.

Quinlan—You state that most of your private patients come from a long distance.

Reid—Yes, they do.

Quinlan—Then they must be very severe cases.

Reid—I do not suppose that a man would come many hundred miles to me if he could be cured by a general practitioner in his district.

Quinlan—Then they have long stories to tell you.

Reid—Yes, they have.

Quinlan—And how do you then get through your work?

Reid—By attending to my business, examining the patient thoroughly, and preventing his indulging in any irrelevant conversation.

The Chief Justice—Oh! that I could do the same; wouldn't I get through my work quickly. (Laughter.)

Quinlan—Ain't you very rough and abrupt in your manners, and do you not imitate Abernethy in this particular?

Reid—I imitate the peculiarities of no man's manner.

Quinlan—Don't affect to misunderstand me, sir. Would you not—like Abernethy—order a patient who was addressing you to put out his tongue and hold it there?

Reid—I never did such a thing in my life; but I have not the slightest doubt that if you consulted me I should be obliged to do so in your case. (Loud laughter.)

Quinlan—It appears, doctor, that you not only have the sympathies of the bulk of the medical profession on your side, but of the bar.

The Chief Justice, to Mr. Quinlan—And you may add of the Judge also.

Glycerin and Distillation.

We think, says the *Druggist's Price Current* the time has come when the use of any glycerin having the least impurity, should be abandoned, as the price of the pure article is so low that there is but a slight difference between it and that of impure.

For medical purposes, for extracts, as a substitute for sugar in medicinal sirups, pure glycerin only should be used, and will specially be valuable in warm weather, as glycerin does not ferment, and the sirups will hence keep much better than sugar would.

The perfumer will find it to his advantage to use a pure glycerin, as it requires less perfume. We would particularly warn against the use of an impure article for hair-oils or hair-tonics, as the lime or lime salts cause an irritation of the scalp and the consequent falling out of the hair. Glycerin having any odor is not fit to be used for these purposes, even if the odor be covered by perfume, as the perfume will volatilize first and leave the rancid smell.

For the benefit of those not versed in chemistry, we give a few simple and practical tests, to detect impurities in glycerin:

1. Specific gravity. Employ Baume's hydrometer. Glycerin, weighed at the temperature of 60 degrees Fahrenheit, should have no less than 29 degrees B.; if it contains lime or alkalies, one degree should be deducted, as these substances make it heavier.

2. Odor. Rubbed on the hand, it should be perfectly inodorous. Impure glycerin, under this test, has a disagreeable smell. The impurity causing this odor is mostly butyric acid, as by contact with the glycerin, it forms a very volatile glycerole. Such an article will always grow worse by age.

3. Lime, or salts of lime. Take a solution of oxalic acid, add some spirits of ammonia, and mix this with a small portion of glycerin; if the mixture remains limpid, the glycerin is free from lime; if a white precipitate forms, then lime is present.

4. Chlorine, or chlorates. Add a few drops of solution of nitrate of silver to the glycerin; if a white precipitate forms, the above impurities are present.

5. Sugar, grape or cane, is an adulteration which is sometimes found in foreign glycerin. Cane-sugar can be detected by the taste, as glycerin is not as sweet as sugar; but grape-sugar can be discovered by the polarization of light, which requires a costly apparatus, or by caustic potash, which requres an expert. Hence, when glycerin is expected to contain sugar, it should be given to an experienced chemist.

One of the most recent improvements in the distillation of glycerin is the process patented through the Scientific American Agency, by O. Laist, of Cincinnati, Ohio, and heretofore noticed in our columns. The glycerin is heated in the still by means of fire, to the point required; but, as glycerin is liable to decompose on being heated in a vessel filled with air, a small jet of steam is introduced into the still to expel the air, and, as the steam condenses in the condenser, a vacuum is thus created. The condenser is so arranged that the glycerin condenses while the water and volatile impurities evaporate; a draft being created to prevent their condensation.

As the glycerin is liquid at over 300 degrees Fah-

renheit, no loss by evaporation need be feared. Of course all mineral (not volatile) impurities remaining in the still, while all volatile impurities evaporate, the glycerine must come out entirely pure, and must be of the highest specific gravity, as no water can condense.

Glycerin made by this process was found to be inodorous, colorless, and of a specific gravity of 1.253, being more than the United States Dispensatory requires, besides being free from all mineral impurities.

A Clinical Thermometer.

A handy clinical thermometer has been devised by Mr. Hawksley, of Blenheim street, London. It is about the size of Dr. Allbutt's thermometer, and is graduated in fifths of degrees Fahrenheit; the degrees, however, being made much more prominent than the fractions—a useful modification. The glass of the bulb is dulled, with the intention of making it more absorbent of heat. The case is of wood, marked outside with comparative scales, by means of which the observer can at once translate degrees of Fahrenheit into Centigrade, and *vice versa*. There is also a scale of inches and eighths of an inch. Lastly, a useful little "dodge" is the *squaring* one end of the case, so that it will not roll off a table. Physicians have tested these thermometers, and found it to act very well; three minutes are sufficient for an observation.

Men and Women.

A paper was read by Mr. G. Harris, F. S. A., on the distinctions mental and moral, occasioned by difference in sex, is quoted in the *Medical Press and Circular*.

The difference between the sexes was asserted to be one of a material nature only, affecting not merely the organization, but also the texture and temperament of the material frame, which could not however be supposed to extend to the immaterial part of our nature. A great difference prevails in different departments of nature in regard to sex. In the case of some animals, the female is larger and more powerful than the male; and however great the difference between individuals occasioned by sex, that occasioned by age, education, and other causes, are wider still. Among mankind moral as well as mental differences ought to be considered; and the establishment of a difference did not necessarily imply a superiority on either side, though one sex must necessarily assume the rule. Among animals the greatest feats in the way of instinct have been performed by females. Although women have, in many respects, greater opportunities than men for literary effort, especially in the large amount of leisure at command, they have not equalled men either in philosophy, poetry, painting, or music. But if they have not equalled the men as composers, they have rivalled them as vocalists, and also as performers on the stage. In history and fiction female writers have been below the rank of male authors; in the art of letter-writing, they have, perhaps, in certain respects, exceeded them. As regards certain moral qualities, however, such as courage and constancy, experience might lead us to doubt whether the females might not claim the superiority; in deeds of heroism they have rivalled, if not eclipsed, the men. In respect for their capacity for government, the instances adduced of great female sovereigns, showed that here also the softer sex is fully capacitated for the highest duties. As regards professions fitted for females, those which embraced the care and instruction of the young, and ministering to the sick, women are peculiarly adapted to fill; and in many branches of literature, as well as in business of several kinds, they are fitted to engage. Nevertheless the differences between the sexes are both essential and extensive, and such as no artificial attempts can lessen; that difference, however, may not be one of actual mental or moral superiority on either side; each sex has its proper sphere of exertion and its sphere of duty, in which, and in which alone, it is calculated to excel.

Plain Talk.

Dr. Chas. R. Drysdale, in an article in the London *Medical Press and Circular*, talks "in meeting" as follows:

Prostitution, and most of the evils of human life would disappear, if but a prudent conduct like that of the French peasantry, who, according to M. Maurice Block, habitually limit their families to two children, were to come itno vogue throughout European States. Marriage, too, might then be universal, and the great end of all true morality, namely, happiness, attained by the immense majority of mankind. It had beeu objected to the assertion that over-population was the cause of poverty, by Doubleday, Herbert Spencer, and others, that poverty was the cause of rapid breeding. But, the families of the aristocracy from the Queen downwards were usually large, and the French peasantry who had only two children, limited their numbers of their own accord, not from any miraculous so-called law of nature like that assumed to exist by Mr. Doubleday and his followers.

Dr. Drysdale believes that his able *confreres* of the medical profession in general have paid but little attention to the subject of political economy, and does not wonder at this, seeing that the range of medical questions was already so extensive. He only does feel surprised that able men who belonged to one department of science, should speak so slightingly of the discoveries of men like Malthus, Ricardo, Mill, Senior, J. S. Mill, McCulloch, Chalmers, Say, &c. He hoped such superficial criticisms will soon cease, and that his respected brethren would take the trouble

calmly to address themselves to the study of the works of these great men; without doing so, they are quite unfit to speak upon topics of public hygiene or morality, in his humble opinion.

Female Medical Education in London

The condition of female medical education in London is detailed in the report of the Female Medical Society, which was presented at the general meeting last week. During the last session there had been 12 entries of new students, and two more of the senior students had passed the preliminary examination in arts at Apothecaries' Hall. The total number of ladies who had entered as students during the five years was 81, of whom 43 were single, 22 married, and 16 widowed. Some of those ladies had attended the lectures merely as a means of intellectual culture. Several were relatives of clergymen, 17 were relatives of medical men, 10 were midwives (previously in practice), two were hospital matrons, three were superior nurses, one an artist, four were wives, widows or daughters of chemists, and one was prepared to act as medical missionary to India, in connection with the Society for the Propagation of the Gospel, while a considerable number were or would have been governesses, and some had been previously of no occupation. Some of the earlier students had settled in practice, and were succeeding admirably—one of them occupied a responsible position in connection with the Birmingham Lying-in Hospital, and another, who held a responsible appointment in London, received a salary of £100 for a small portion of her time.

The International Medical Congress at Florence.

L'Imparziale announces that the number of medical practitioners, Italian and foreign, who have already sent in their promises of support to the committee of the International Medical Congress is considerable. *L'Imparziale* invites the medical men of Italy to prove their hospitality and their fraternal feeling, and to make provision for the advent of the strangers who will attend the Congress, not only for their hospitable reception, but for a display of scientific work which may leave on their minds a favorable impression of the development and activity of medical science in Italy.

Danger of the Drinking Customs of Society.

The following is from an authoritative source—and it behooves our profession, whose mission is one of benevolence and mercy, to exert its powerful influence against the cause of so much evil:

Dr. DAY, Superintendent of the New York State Inebriate Asylum, recently delivered an addrests before the inmates of that institution, in which he stated that modern drinking families, more than bar-room or groggery, are the schools in which the fundamental principles of intemperance are taught. Among other things he said: "It is my firm belief that no family accustomed to the daily use of ardent spirits ever failed to plant the seeds of that fearful disease which sooner or later produced a harvest of griefs. In every such family you may find the scroll of the prophet which was written within and without with mourning, lamentation and woes. It is here that the tender digestive organs of children are perverted and predisposed to habits of intemperance. From long observation I am convinced that one or more of the members of every wine-drinking family become, sooner or later, drunkards. Drunkenness, in every instance, is a simple failure of an attempt to drink moderately.

The Virtues of Oil of Turpentine.

And now cometh one D. A. MORRIS, a very wise man of Gotham, proposing, in a communication to the *Scientific American* to cure lock-jaw, and a few other trifling complaints (*without fail*), after this fashion—all very good and proper in its place, but old, very familiar to medical men, *and not a certain cure:*

I am extremely sorry to learn of the death of my old friend, Mr. John A. Roebling. If I had known in time that he had lock-jaw I could have saved his life, and would willingly have traveled many miles to do it. Let any one who has an attack of lock-jaw take a small quantity of spirits of turpentine, warm it, and pour it on the wound—no matter where the wound is, or what its nature is—and relief will follow in less than one minute. Nothing better can be applied to a severe cut or bruise than cold turpentine; it will give certain relief almost instantly. Turpentine is also a sovereign remedy for croup. Saturate a piece of flannel with it, and place the flannel on the throat and chest—and in very severe cases three to five drops on a lump of sugar may be taken inwardly. Every family should have a bottle of turpentine on hand.

Effect of the Suez Canal on Climate.

If we are to believe M. Rayet, the climate of the Isthmus of Suez will undergo a transformation in consequence of the arrival of the sea in Lake Timsah and in the basin of the Bitter Lakes, and the creation of two immense sheets of water in a region where there existed nothing but marsh land occasionally inundated by the Nile.

This modification of climate has already become observable. According to the evidence of persons, who had resided on the spot as old *employees* of the Suez Company, the rains are much more frequent than they were five or six years since. *Apropos* of this report M. Buys-Ballot has addressed to the Academy of Sciences of Paris the conclusions of a work published some time since, in which he has shown that the drying of the sea at Harlem has modified the climate condition of the country. The result of numerous investigations is, that since the drying of these 19,000 hectares the temperature has risen half a degree in summer, and has fallen half a degree in winter.

Correspondence.

DOMESTIC.

Experience with some New Remedies.

EDS. MED. AND SURG. REPORTER:

The list of new remedies now so rapidly accumulating, calls forth the expression of those whose experience often saves useless expense and unnecessary trials.

American pepsine, recently introduced as a remedy in diarrhœa of children, I have found of no value whatever, even when combined with bismuth. No treatment is so unsatisfactory as that of diarrhœa occurring in children during dentition, especially in summer. Sub. nit. bismuth is irritating and very often vomited immediately after taken. I feel at a loss for some more effective treatment than is mentioned by Wood, Watson, Dickson, West or Meigs. I have used chalk mixture, blue mass with chalk mixture, Hope mixture, Calomel; with irritable stomach a combination of bismuth, quinine and hydractin, Hegeman's ferrated elix. of bark (a good remedy too), and numerous others, only to see my patients pass to other hands to be similarly treated.

The Rich Weed (collinsonia canadensis) is not inferior to Buchu in its effects upon the urinary organs; the negroes use it in gonorrhœa, and the weak backs complained of so much in old people—or young—it very seldom fails to relieve. Is there no fluid extract?

I have recently been using svapnia and sweet quinine, the former with satisfaction, the latter is apt to nauseate. The larger dose and its unpleasant taste, although called sweet, are no advantage over the bitter, which can be sufficiently disguised by sweetened coffee, powd. ext. licorice or sweet milk.

We had one case of puerperal convulsion (Uræmic) coming on after birth of child. Bromide of potassium was often and freely given, without effect—the patient dying 110 hours after birth of child.

During the last year I have seen three cases of tetanus. The first, a boy aged 10, cut his foot; the wound healed rapidly, symptoms appeared soon afterwards, treated by Dr. Moore and myself with tinc. coc. indicus, tinc. Gelsemini and tinc. hyosciami (taken from medical reports as a remedy of Dr. Gross'), continued it in increasing doses for one week, with recovery; the muscles of the face during the entire treatment were relaxed from effects of the gelseminum.

The second case, a negro boy's leg run over by the cars; amputated by Dr. Byors; treated by the doctor with opiates, with recovery.

The third case, a Mexican's finger amputated; placed on opiate treatment by Dr. Bowers, and bled freely but died in a day or two.

T. C. THOMPSON, M. D.

Columbus, Tenn., July 28, 1869.

Spontaneous Cure of Hydrocele.

EDS. MED. AND SURG. REPORTER:

In the MED. AND SURG. REPORTER for July 17th, I find a communication from Dr. J. W. McAfee, entitled "Spontaneous Absorption of Serum in Hydrocele." This reminds me, somewhat, of a case that came under my notice. In May, 1857, Mr. C., aged 53, rode a distance of forty miles, on horseback, to my house, to have me operate for Hydrocele of six years standing. He insisted upon simple tapping, without injection. I consented to this; expecting, however, to have to repeat the operation at some subsequent time. I drew off thirty-three ounces of transparent fluid resembling sea water. He remained with me a week after the operation, when he returned to his home, on horseback. In the meantime, however, there had been a re-accumulation of fluid, amounting, perhaps, to five or six ounces, which led me to think that I would soon be called upon to repeat the operation, but in this I was disappointed. His ride home did not occasion any pain, or inflammation that he could discover, but the fluid did not increase; it remained for some weeks and then gradually disappeared. He has had no return of it. Twelve months after the operation the gentleman consulted me again, on account of an enlargement of the scrotum, in the same side—the left. This proved to be Hernia, which I reduced by taxis, and then applied a truss. The patient has felt no inconvenience from either Hydrocele or Hernia since.

S. W. JONES, M. D.

Pine Bluff, Ark.

NEWS AND MISCELLANY.

A Good Appointment.

Dr. BURT G. WILDER, whose profound suggestions and studies in the higher branches of anatomical science have been commented on several times in this journal, has accepted an invitation to deliver a course of twelve lectures before the Lowell Institute, Boston, next winter. His topic is to be "Hands and Feet," and we doubt not they will be found not less rich in interest to the scientific man than to the public.

Treatment of Corns

The *Scientific American* says:—Persons troubled with corns—and who is not?—will find great relief, and sometimes absolute cure, by the application of a slice of lemon to the affected parts, secured by a strip of cloth, on going to bed. We have tried it on a painful hard old fellow and found immediate relief.

A split cranberry, or cranberry poultice, we have often recommended for the same purpose.

The Acid Phosphates in Bread-making.

In the case of Rumford Chemical Works, of Providence, R. I., *vs.* Lauer, the validity of Professor HORSFORD'S patented process for preparing the acid phospates was recently tried before Judge BLATCHFORD, of New York. The disagreement of some of our most distinguished chemists in what would seem to be a plain problem in a positive science is somewhat remarkable. We copy from the *Scientific American*:

It appears that Prof. Eben N. Horsford, the distinguished chemist and *savant*, formerly of Harvard University, Cambridge, Mass., after long research and experiment, discovered a method of manufacturing the acid phosphates in such a form as to render them useful in the making of bread.

There is no cereal so well suited to the wants of man as wheat. Among its mineral constituents, highly necessary to the nutrition and building-up of the human system, are phosphates of potash, lime, magnesia and iron. But in the bolting processes employed to produce the fine, white flours which the public demands, these important minerals are more or less sifted out and lost.

The object of Prof. Horsford's improvements were to restore these missing ingredients to the floor and also to furnish a more convenient and better leaeen than yeast for bread-making

One of Prof. Horsford's preparations consists of a fine, white, dry acid powder, containing the necessary phosphates, which is mixed with common flour and baked in the ordinary manner. For leavening purposes, bicarbonate of soda is combined with the phosphate and the flour, and when the mass is wetted, carbonic acid is liberated, which leavens the dough perfectly, thus dispensing altogether with yeast.

The improvements of Prof. Harsford were duly patented, and the patents were purchased by the Rumford Chemical works of Rhode Island. The manufacture of the phosphate preparation has become an extensive business, and other parties are now seeking to take it up. It was to restrain one of these infringers that the present suit was brought.

On the part of the defense, the learned Benjamin Silliman, Jr., Professor of General and Applied Chemistry, of Yale College, George F. Barker, Professor of Physiological Chemistry and Toxicology, of Yale Medical College, Prof. Austiu Flint, Jr., Prof. Charles A. Seely, and Mr. Place, all testified in the most positive manner, that by following an old formula of the celebrated chemist, Berzelius, given Gmelin, they had produced an acid phosphate in the form of a fine, white, dry, non-hygroscopic, homoge neous powder, capable ot evolving carbonic acid and producing phosphate of soda in its reaction with bicarbonate of soda, and otherwise presenting all the properties of the article described in the plaintiff's patent. These witnesses had repeatedly tried the formula and they exhibited specimens of the powders thus produced. One of the witnesses, Prof. Seely, testified that when the formula of Berzelius was intelligently followed it was impossible to produce any other substance.

On the other hand, the distinguished Professor R. OGDEN DOREMUS, of the Medical Societies in this city, tesfified for the plaintiff, that the formula of Berzelius does not contain such a description as will enable him, as a practical chemist, to produce such a substance as the previous witnesses had described. He had, he said, made but one trial, which resulted in a white powder having an acid taste which soon became inert, and would not, when mixed with bicarbonate of soda, set free carbonic acid.

Professor HORSFORD testified that he had devoted much time to the subject, but had been unable from the formula of Berzelius to produce the article described by the witnesses for the defense. The substance which he had produced was sometimes sticky, and from day to day lost its strength, until it had no capacity to decompose bicarbonate of soda.

Here was a marked disagreement in the testimony of the learned doctors; but it does not seem to have troubled Judge Blatchford very much. He decided the matter readily, and at the same time gave the the learned professors a very useful lesson in practical chemistry, by advising them to make their acid solutions a little stronger, when they would probably be able to produce the substance described by the *savans* of Yale.

Although this trial has resulted adversely, in part, to the broad claims set up by the Rumford Chemical Works, it will not in any manner interfere with the continued manufacture of their excellent phosphoric acid preparations, which are made under the personal supervision of Prof. HORSFORD. If in point of law he is not the original discoverer of the acid phosphate powders, he is undoubtedly the first to develop a method of making them commercially available, and thus to put the public in possession of a valuable article, the use of which is of great importance as a constituent of food. The celebrated LIEBIG has stated that the nutritive value of ordinary flour is increased ten per cent. by the use of Professor HORSFORD'S phosphatic breap preparations.

How Scalping Feels.

The *Detroit Free Press* contains the following graphic account by Mr. DELOS G. SANDBERTSON, of the summary manner in which a *poll tax* was collected of him recently, while on a visit to the Plains:

"I was in the infantry. Custer had command of the troops. There was quite a force of cavalry with us, but they were about a mile in the rear when we first discovered the reds. Some of the troops had

been sent around so as to attack from the other side. The reds were camped in a sort of valley, and we were within eighty rods of them for half an hour before day-break. Just in the gray of morning, the firing commenced on both sides, and we had it all our own way for a few minutes, the cursed snakes being much confused, and not knowing what was up. At length they rallied, and we could hear Black Kettle shouting and ordering. The vermin got into holes and behind rocks—anywhere they could find a place, and began to fight with a will. We fired whenever we could see a top-knot, and shot squaws —there was lots of them—just as quick as Indians. When it was fully daylight, we all gave a big yell and charged right down into camp. The lodges were all a standing yet, and lots of Indians in them. As we run through the alleys, a big red jumped out at me from behind a tent, and before I could shorten up enough to run him through with my bayonet, a squaw grabbed me around the legs and twisted me down. The camp was full of men fighting, and everybody seemed yelling as loud as he could. When I fell I went over backward, dropping my gun, and I had just got part way up again, the squaw yanking me by the hair, when the Indian clubbed my gun and struck me across the neck. The blow stunned me; the squaws kept screeching and pulling my hair out by handfels. I heard some of our boys shouting close by, and the squaw started and ran, one of the boys killing her not three rods off. The Indian stepped one foot on my chest, and with his hand gathered up the hair near the crown of my head. He wasn't very tender about it, but jerked mo head this way and that, like Satan. My eyes were partially open, and I could see the bead-work and trimming on his leggings. Suddenly. I felt the awfulest biting, cutting flash go round my head, and then it seemed to me just as if my whole head had been jerked clean off. I never felt such pain in all my life; it was like pulling your brains right out. I didn't know any more for two or three days, and when I came to I had the sorest head of any human that ever lived. If the boys killed the viper, they didn't get back my scalp; perhaps it got lost in the snow. I was shipped down to Laramie after a bit, and all the nursing I got hain't made the hair grow out on this spot yet."

Indelible Ink for Marking Linen.

Dr. Reimann communicates the following to the *Scientific American*. We transfer it to our columns as it gives information on a subject that it is very natural to ask a physician about:

The following are a number of formulæ for preparing indelible ink to be made use of in marking linen. As they have all been thoroughly well-tried, and found effectual, it is to be hoped they may prove of some use to the public.

The linen is first moistened with a fluid, consisting of a mixture of, 2 parts carbonate of soda in crystals, 2 parts gum-arabic, 8 parts of water, and then dried. When quite dry, it is rubbed with a glass cloth to render it as smooth as possible, so that it may be easier to write upon. The composition of the ink itself is as follows: $1\frac{3}{5}$ pts. nitrate of silver, 16 pts. distilled water, 2 pts. gum-arabic, and $\frac{1}{2}$ pt. of sap green. The nitrate of silver is first dissolved in the distilled water, and the gum-arabic and sap green are subsequently added.

It is necessary to write with a quill pen, all metallic pens except gold ones, decomposing the ink. It is a good plan to trace the letters on the linen with a pencil before writing them.

Marking linen is most conveniently effected by using a pencil and a small copper plate with perforations corresponding to the letters required. This plate is laid upon the linen, and the ink is applied with the pencil to the cut-out spaces, so that these spaces, and these alone are smeared with the ink.

The following ink is of service for marking linen with a pencil, when a metallic pattern-tracer is employed: 2 pts. Nitrate of silver, 4 pts. distilled water, $2\frac{1}{2}$ pts. gum-arabic, 3 pts. carbonate of soda crystals, 5 pts. liquid ammonia.

The best way to prepare the ink is to first dissolve the nitrate of silver in the liquid ammonia, and the gum-arabic and soda in the distilled water. The two solutions are then mixed together and slightly warmed, when the whole mixture becomes brown. A few drops of a solution of magenta, makes the ink somewhat more distinct. It is of course unnecessary in this method to previously moisten the spot with gum-arabic solution.

For very fine linen the following ink is best employed; 4 pts. Nitrate of silver, 24 pts. distilled water. To this solution liquid ammonia is added, until the precipitate which is first formed, is re-dissolved. Then a little sap green, indigo, etc., are ground together, and dissolved in a solution of 4 pts. gum-arabic, and this solution and that of the nitrate of silver are mixed together. The whole is then diluted until it occupies 32 parts. This ink is very limpid, and easy to write with.

When dry a hot iron need only be passed over the surface of the linen, when the letters will at once make their appearance, their tint being a deep black. The ink does not injuriously affect even the finest linen.

The discovery of an aniline black has led to the employment of this coloring matter in marking linen.

This ink has the advantage of being cheaper than the ink prepared from nitrate of silver. It has also another advantage over the latter salt, viz: that it is chemically indelible. The ink made with nitrate of silver can be removed by washing the linen with a solution of hyposulphite of soda, or by moistening it with a solution of bichloride of copper and then washing with liquid ammonia. This is not the case

with the aniline ink, the color of which cannot be removed by any chemical agent whatever. Linen therefore marked with this ink can never be appropriated by other persons than the rightful owner.

Such aniline ink may be prepared in the following way: 8½ grs. of Bichloride of copper are dissolved in 30 grains of distilled water, then are added 10 grains of common salt, and 9½ grains of liquid ammonia. A solution of 30 grains of hydrochlorate of aniline in 20 grains of distilled water is then added to 20 grains of a solution of gum-arabic, containing 2 pts. water, 1 pt. gum-arabic, and lastly 10 grs. of glycerin. Four parts of the aniline solution thus prepared are mixed with one part of the copper solution.

The liquid which results has a green appearance, and may be at once employed for marking linen, since it invariably becomes black after a few days. A steel pen may be employed as well as a quill. If it is desirable not to wait so long for the appearance of the black color, a hot iron may be passed over the writing when the ink is dry, or the linen may be held over the flame of a spirit lamp, or over a hot plate, or hot water, when the black tint will readily appear.

It is a good plan to put the linen when marked into a tepid solution of soap, which has the effect of bringing out a fine bluish tint. The ink must be so limpid that it is able to permeate the tissue of the linen, so that the marks appear on both sides.

It is advisable to mix the solutions together, only when the ink has to be made use of.

The ink is perfectly indelible, and so easy to write with that the finest devices may be drawn with it.

A very cheap brown marking ink may be prepared from binoxide of manganese, as follows: 4 parts Acetate of manganese dissolved in 12 pts. of water.

The place on the linen where the marks have to be made, must be previously moistened with the following solution: 1 pt. Yellow prussiate of potash, ½ pt. gum-arabic, 3 pts. water. The linen having been saturated with the above solution, is then dried, and afterwards marked with the manganese solution. On the letters becoming dry, the following solution is spread over the spot with a pencil: 4 pts. Carbonate of potash, 10 pts. water. The letters then become brown, and their color cannot be removed by alkalies, nor by acids, with the exception of dilute hydrochloric acid.

A purple marking ink can be prepared by employing bichloride of platinum: 1 pt. Bichloride of platinum, 16 pts. distilled water.

The place where the letters have to be written, must be moistened with a solution of 3 pts. Carbonate of soda, 3 pts. gum-arabic, 12 pts. water. The spot is then dried and made smooth. After the letters have been written with the platinum ink and become dry, the linen is moistened with a solution of 1 pt. Chloride of tin, 4 pts. distilled water, when an intense and beautiful purple-red color makes its appearance.

[*Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

ADAMS—TENNEY. In Bristol, N. H., July 19th, by Rev. N. Culver. Eli Q. Adams, M. D., and Miss Hattie A. Tenney, both of Alexandria, N. H.

BARRERE—SPEES. July 13th, at the residence of the bride's parents, by Rev. J. F. Marlay, assisted by Rev. Dr. Steel, Carlisle Barrere, Esq., and Miss Amanda, daughter of Dr. S. J. Spees, all of Hilesboro', Ohio.

BUTLER—BILLINGS. In Beverly, Mass., July 5, by Rev. J. M. Bailey, Dr. Geo. H. Butler, and Miss Emma U. Billings, of Fitchburg.

MCCLOSKEY—BUCKLEY. Aug. 2, 1869, at St. Matthew's Church, Bedford, Westchester county, N. Y., by the Rector, the Rev. Lee Luqueer, D. W. C. McCloskey, M. D., of New York, and Phebe Jane, only daughter of Jacob C. Buckley, Esq., of Katonak.

MILLER—HUMES. July 15th, at Tarentum, Pa., by the Rev. Marcus Wishart, E. C. Miller, M. D., of Moravia, Pa., and Miss Nancy Jane Humes, of Tarentum.

DIED.

BOWMAN. At Neffsville, Pa., July 28th, Dr. H. B. Bowman, in the 65th year of his age. He practiced medicine in Lancaster county, for a period of thirty years, and during the last eighteen years was also engaged in the manufacture of woolen goods. He also, at different times, held several important political offices.

QUERIES AND REPLIES.

DOVER'S POWDERS.—*Messrs. Editors*—I read in the REPORTER a substitue for Dover's Powder reported by A. CHAPIN, M. D. Allow me to say that for twenty-five years I have been in the habit of using the following which I greatly prefer to the Dover:

℞.	Opii pulv.	℥ss.	
	Ipecac. pulv.	℥j.	
	Camphor Gum.	℥ij.	
	Bitartrate of Potas.	℥j.	M.

Dose—Five to ten grains.

When I think an alkali indicated I use instead of the Bitrartrate of Potas. the Bicarb. of Soda.

JAS. B. BROOKS.

Sugar Grove, Ohio.

Dr. A. J., of Ohio.—"Do you furnish cases for binding the vols. of the REPORTER?"

We do not.

Dr. J. A. J., of New York.—"Please inform me through the REPORTER if premature baldness, coming on early in life, can be prevented."

ANS.—The question you put is too vague. The causes of this early baldness are very varied. Some are read l e, removed, and then the hair recommences its growth. Others are irremediable. Of the latter character is hereditary baldness. The discussion of the subject would lead us too far at present, but we will bear it in mind, and recur to it at length in a future number.

METEOROLOGY.

JULY.	26,	27,	28,	29,	30,	31,	A. 1,
Wind.....	N. W.	N. W.	W.	W.	N. W.	N. W.	S. W.
Weather.	Cl'dy Shr'y	Cl'dy Rain	Cl'dy	Cl'dy Rain	Clear.	Hazy	Clear.
Depth Rain							
Thermom....							
Minimum..	71°	71°	69°	68°	63°	56°	59°
At 8, A. M.	75	75	77	74	68	69	70
At 12, M...	81	85	84	82	76	76	78
At 3, P. M.	81	78	83	82	78	79	81
Mean.....	77.	77.25	78.25	76.50	71.25	70.	72.
Barometer..							
At 12, M...	3.02	30.2	3.02	30.	30.2	30.2	30.2

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

No. 651.] PHILADELPHIA, AUGUST 21, 1869. [Vol. XXI.—No. 8.

Original Department.

Communications.

ARMY MEDICAL MUSEUM.

By H. P. Ayres, M. D.,

Of Fort Wayne, Ind.

Whatever attractions may be presented to American physicians in the colleges and museums of England, France and Germany, for prosecuting the study of the healing art, our own country is fast loooming up, and taking a high place in the advancement of medical literatnre.

A few years ago the taunts of "No books," "No literature," came over the Atlantic on every wave; now, every wind or tidal wave carries back to the Old World the name of some new work, which has been added to American literature, by American brains, many of which take a high place in the cosmos of medical works, are speedily copied by European type, and may be found in libraries of physicians among European nations.

The child America is eating strong food, and from her abundance is occasionally giving back to the old parent a rich intellectual repast, by which she is refreshed, and complaisantly smiles on the occidental stripling. But the old parent must hasten, or get out of the way, for American enterprise, American genius, American science, American literature cannot be stayed, or retarded by difficulties. Medical men in America may not have all the appliances, and wealth, and leisure of our transatlantic brethren, but these drawbacks are only stimulants to our youthfulness, and medical science here will measure advancement with wider strides, and grapple difficulties with a more determined will, until many gems of transcendant excellence in scientific truths are freely developed. American medicine, American surgery will tread closely upon European advance, or perhaps outstrip it, but as generous magnanimous victors, we shall always honor her as we now do in her ascendancy.

The Army Museum in Washington city will be the Archimedean lever to move on the great work resting upon American physicians and surgeons. The evidences of our resources and ability there developed, are only indices of what our labor, resources and ability can accomplish. American-like, we will conquer every opposing difficulty, every obstable, until we reach the acme of scientific attainment. My only aim in this paper will be to give a general idea of this collection of highly interesting matter. To give a minute description of specimens, or condense what has been written by the personel of the museum, would only be a repetition of their superior and perfected work.

The Surgeon General, Lieutenant Colonel George Otis, Assistant Surgeon United States Army, Colonel J. J. Woodward, Assistant Surgeon United States Army, with a corps of able associates, and the liberal patronage of a liberal government, are doing a work for medical science of which all may be proud.

The material from which these medical *savants* draw their facts and conclusions, are enormous and indescribable, as they include sixteen thousand hospital registers, forty-seven thousand burial records, sixteen thousand hospital, muster aud pay-rolls.

Alphabetical registers of the dead, containing two hundred and fifty thousand names of white, and twenty thousand of colored soldiers, compiled from them; and the pathological collection, which in the surgical depart-

ment alone, numbers five thousand five hundred preparations.

The total number of surgical cases, with detailed histories of the wounds and injuries received during the war, which have been classified and recorded is, of wounds, etc., one hundred and thirty-three thousand nine hundred and fifty-two, and of operations twenty-eight thousand four hundred und thirty-eight, making over one hundred and sixty-two thousand.

The causes of death, and discharges for disability, have been furnished to different departments, viz: Pension Bureau, twenty-six thousand five hundred and eighty-nine; Pay Master General, eight thousand; Adjutant General, ten thousand six hundred and twenty-three, and to authorized agents, four thousand, making in all about fifty thousand cases.

In the medical department there are near one thousand pathological specimens, the descriptive manuscript of which embraces 350 pages folio.

There are one hundred and sixty specimens of diseased intestines, occurring in camp fever; these are arranged in groups. There are two hundred prepared specimens of the intestinal canal occurring in diarrhœa and dysentery.

In the microscopic series there are fourteen hundred specimens of microscopic views of beautiful and truthful portraitures of diseased tissues in various pathological states.

These pictures are so carefully and artistically taken, that they almost supply the presence of the original tissue.

A series of carefully-prepared water-color specimens, copied from the diseased parts, as soon as removed from the subject, are beautifully and truthfully done, and exhibit the high attainments of the artist.

The subject of producing micro-photographs by photo-lithography, has been successfully attempted, and will very soon, with the present energy and ability manifested in the museum, produce delineations equal to any in the world. In a report made by the medical department of the museum, in reference to photographing, it is said: "In fact, any of the markings or diatoms that are visible with the microscope, can be photographed with the utmost clearness and ease, and the time has arrived when the inability to photograph alleged markings will throw doubts on the correctness of the observers who have supposed they saw them." With such convictions on the part of those who are developing the resources of the Medical Museum, we are prepared for almost any discovery in this department, however fabulous or mythical it may at first appear.

It is generally known that government has purchased Ford's Theatre for a museum, which has been remodleed and changed until it is well adapted for its present use.

The first and second floors are chiefly taken up with records and the clerks engaged in that divison. In the upper story is deposited the vast and valuable collection of medical and surgical specimens, illustrating almost every casualty and disease to which man is liable, collected by the medical corps of the army, and other contributions, during the war of the rebellion.

An adjoining building belonging to the government has been fitted up as a laboratory, and as offices for the heads of the different divisions in the main building.

There are apartments for chemical laboratories, where a complete analysis of various substances in materia medica are made, and investigations in the various changes occurring in morbific fluids found in the animal economy.

There is a complete Microscopical Department,—"where preparations illustrating the pathology of camp disease are made, and injections and dissections to demonstrate minute points in anatomy, and which has attached a laboratory for micro-photography, whereby the microscopical preparations are represented as they appear under high magnifying powers. The photographic department, where the appearance of wounds, mutilations, and especially the results of conservative surgery are reproduced. The engraving department, where the illustrations required for a Medical and Surgical History of the War of the Rebellion are prepared on copper, steel, stone, and wood, the draughtsmen, engravers, and lithographers, working under the direct supervision of the medical and surgical historians of the war, and having the advantage of having before them the specimens themselves which they are to delineate."

On the main large floor of the museum proper, are sixteen large, handsome glass cases running the length of the building, in which are arranged with the greatest care and ornamental taste, the various specimens which have accumulated. The labeling, and numbering, are so distinctly and so carefully done, that you at once perceive the entire plan, and can readily find any desirable specimen.

One prepartion of much interest to me was the morbid anatomy of peritoneal inflammation.

The subject was an adult, the stomach and intestines in all their convolutions had become perfectly united, and presented an almost solid mass of matter with only the tracings of the intestinal canal, the whole had been attached to the parietes of the abdomen, and must have been almost immovable.

Another case of Tubercular Pleurisy, in which the consolidation was even more firmly united than the one first mentioned, was of peculiar interest from the extent of the diseased tissue, and from the astonishing extent to which life may be continued, during the ravages and destruction of disease.

There are interesting specimens of diseased hearts; congenital anomalies, atrophied, hypertrophied, diseased valves, tubercular deposites and vegetable growths are among the most interesting.

One of the most interesting to me, was an adult heart, in which there was a large growth of vegetation. The cavities were much enlarged, and the growths had quite filled the auricles and ventricles, rendering it difficult to understand how the circulation had been carried on until such organic changes had taken place.

Diseased pericardiums, aneurisms of the aorta, and other arteries; variose veins, and a variety of injuries to the heart and circulatory system, from swords, bayonets, balls, shells, and concussions, are largely represented.

There are numerous specimens of diseased stomach, cancerous, tubercular, simple and malignant tumors, ulcerated surfaces, perforated parieties, some with pariees as thin as tissue paper, some with thickened and indurated walls, cavities and fungous growths. One stomach has its surface covered with scorbutic ulcers, presenting a fearful and hideous appearance; another so atrophied that it was one inch at the pyloric diameter; this specimen was taken from a man thirty years old.

The intestinal canal has received by far the greatest care, and aomunt of labor, from obvious reasons, and the pathological perforations are beautifully preserved. They are usually cut open longitudinally, and stretched on a glass frame so as to display the whole surface, then suspended by a hook in suitable jars of the clearest glass. There are several hundred specimens in this department illustrating the various lesions and changes occurring in camp diarrhœa, chronic diarrhœa, dysentery, tuberculosis, typhoid ulcers, ulcerations with perforations, thickening and ulcerations of Peyer's patches, *shaven-beard* surfaces, various diseases of solitary follicles, enlarged, contracted, thickened portions of duodenum, jejunum, ileum, coecum, colon and ilium, with other portions of the canal.

One case is prominent from the extent of lesion disease has made; it is a prepared specimen of an inflamed œsophagus. In this case there was hypertrophy, thickening, infiltrations, contractions of canal to one third or one quarter of an inch, and a general distinction and distortion of the parts. In immediate connection with this series are every form and kind of parasites peculiar to the stomach and intestines of man; the lumbricoid, tenia solium, and tenia lata, are the most abundant.

There is a large collection of pathological specimens showing the various states and ravages of diptheria. As a general thing, the distinction of tissue is very slight, but almost every physician meets with malignant cases, which destroy and eat like cancer, and hasten decay like gangrene. It is only when such cases come under our observation that we fully appreciate the terrible nature of the disease. In some of the specimens, their is a distinction of the palate, tonsils, larynx, pharynx, and the entire surface is dark, presenting the appearance of gangrene.

The liver, spleen. kidneys, urinary and gall bladders, with their peculiar diseases in different pathological states, are highly attractive. I will only mention a few prominent cases:—two livers; on one a tumor the size of a child's head, the other had an abscess-cavity in which a childs head could be thrust. Tuberculated, and carcinomatous livers in all the various states and forms of disease are abundant.

There is an enormous gall bladder over eigh inches long, and filled with apparently healthy bile; another in which a number of biliary calculi are encysted within the cavity of the gall bladder.

There are spleens of enormous size and others weighing only one half ounce.

Some kidneys are horse-shoe shaped, some are double, some are united to each other, some with Bright's disease, and others tuberculated carcinomatous.

The urinary bladder, the organs of generation in the male and female are highly interesting and the collection large.

There are several interesting cases of ovarian tumors, simple, multilocular, fibrous, adhesive and pedunculated.

In thus passing hastily over the medical department we are impressed with two thoughts; frequency of carcinomatous structures and the universal deposition of tubercle, no part of the human body being free from its presence; it pervades and permeates into every structure and fibre, and undoubtedly is or will become one of the greatest enemies of the American people. It will be an interesting inquiry to know, whether tubercule in America is on the increase, or whether it prevails to a greater extent among us than among other civilized nations.

It is impossible to give even an outline of the surgical portions of the museum, six thousand objects crowded upon the attention.

The American Surgical Museum may in some respects fall below some European collections, but when taken in all its relations, the remark which has been made respecting it, is simply true: "This is the most extensive depository of surgical and pathological specimens of its kind in the world, and particularly excels in minute details of the history and results of each case."

In passing hastily through this department, as we did through the medical section, we can only mention some of its prominent features. The mind soon feels over-burthened with the constant succession of interesting objects, each one of which claims the attention, while the next, and the next, crowd upon us with some new feature in surgical wonders, anatomical lesions, or novel effort in nature at reparation. There is every possible specimen of fractured bones, both simple, comminuted and compound. There are abrasions, contusions, crushings, incisions, disintegrations, broken articulations, and shattered joints; wounds by the sword, bayonet, round and conoidal shot; fragments of shells, splinters, explosions, clubs, and tomahawks.

No part of the body has escaped. There are wounds of the head, the eyes, the nose, the tongue, the neck, the arms, the chest, the legs, and toes; all parts have been torn and broken. The strange freaks of balls in their tortuous and eccentric courses and curious lodgments, are matters full of curiosity, and well worthy the record given them.

Specimen 24 is a beautiful illustration of fracture by contusion. The musket ball has only slightly depressed the external table of the frontal bone, while the internal table is broken and depressed over one-half inch.

SPECIMEN 2121.

A conoidal ball has struck the parietal bone, broken it, and then the bone acted as a knife, cutting the ball in two equal parts, one part being external, the other internal to the bone.

SPECIMEN 3257

strongly illustrates the wonderful extent of injury a man may endure, and yet survive for a time the injury.

In this case a conoidal ball entered the nose, carrying away a part of the vomer, the lachrymal and orbital plates of the ethmoid bone on the left side, the root of the ala, and pterygoid process of the sphenoid, and is implanted in the left temporal bone at the base of the pterygoid pyramid, which is split off and forced backward one-fourth inch. There is fissuring of the auditory canal and mastoid process, and both tables of the occipital for two inches, backward and upward. A fissure crosses the body of the sphenoid, the cells of which are freely opened, and second fissure traverses the left orbital plate and part of the temporal ridge of the frontal.

The left artum is opened above and behind, and the turbinated bones on the left; yet this man lived several days after receiving the injury. One skull has nine sabre cuts; one is perforated by a bayonet; in one the sphenoid bone is transfixed by a sword—the weapon is seen with the specimen. The superior and inferior maxillary bones may be seen in all states of disorganization, from a variety of causes; necrosis, caries, fractures, effects of shell, balls, and surgical operations.

The verteral column has not, and does not escape the ravages of disease, and accidents and injuries incidental to civil life and war. Of 187 cases recorded of gunshot wounds and fractures of the vertebræ, all proveing fatal but seven.

SPECIMEN 611.

The lumbar vertebræ were shattered by a conoidal ball, the canal perforated, and the cord injured; yet the man was unconsious of the wound, and continued his ordinary duties for some time.

Another case in which there has been a dislocation and fracture of the vertebra, compressing the cord to one half its diameter. Ossific matter has been thrown out, uniting the bony structure and making entire separation, excepting in the flattened condition of the cord, to what degree of impairment of useful-

ness I cannot say. However inquisitive the mind may be about injuries to the vertebral column and cord, it can in this collection be fully satisfied.

The arm and hand so much exposed in all the affairs of life, but particularly in battle, may be seen in all the varied forms of dissolved continuity, to which bones, and flesh, and vessels, and joints, can be subjected.

Simple, transverse, oblique, comminuted compound fractures, splintered and shattered shafts, enlarged and anchylosed joints, necrosis and gangrene, with a score of other accidents, have laid siege to this part of the body, and, judging from the specimens and relics of the attack, there has been a satisfactory victory.

SPECIMEN 1738.

Five and a half inches of the upper end of humerus with head of the bone excised, badly shattered with a fragment of shell, preserved with the specimen. The patient is an assistant or orderly in the museum, and has a good use of the arm.

SPECIMEN 2749.

Excised elbow joint, forming anchylosis of elbow joint and diseased humerus.

The new bone formed double the size of the humerus, a small portion of sequestium to be seen, highly interesting, as decay and reparation are going on.

Excised portions of ulna and radius, of carpal, and metacarpal bones, and phalanges entire and comminuted are in great profusion.

Of all the bones of the body the femur has and does excite the most lively interest.

If there is any one point in surgery drawing out research, observation and experiment, it is the surgical operations on the femur and hip joint. Its extension and important articulations, both in bony structure, and large nerve and circulatory connections, give it an important place among surgeons, and its disarticulation has been and is considered a formidable operation.

The surgical experience of the Crimean, and the recent German war, and of our own late rebellion, has only left the matter in a state bordering on indecision. For one hundred and forty years, or since the days of Morand, this subject has had its advocates and opponents among the brightest ornaments of the profession, and the reports of the American Army Museum show a similar disagreement among the ornaments of American surgery.

In the museum, and in circular No. 7 may be seen beautiful chromo-lithographs, and lithographic pictures of successful operations on the hip-joint, by some of our distinguished surgeons.

SPECIMEN 4386.

The fractured ends not being in apposition, there has been ossific matter thrown out in great abundance to form a connection, making a strong union, but the bad position of the bones, and sloughing from detached fragments kept up such a drain that death would have been the result; hence an operation was determined on.

The amputation was made at the hip-joint five months after receiving the wound; the man recovered and is now living.

SPECIMEN 3080.

Femur terribly comminuted for nine or ten inches; part of the fragments preserved.

The injury made by a fragment of shell; the soft parts terribly torn; there was no special shock perceptible in the feelings of the patient; died soon after; amputation at hip-joint.

SPECIMEN 4386 AND 81

exhibited the wonderful efforts nature puts forth to repair injury, and the wonderful extent to which decay and disorganization may be carried, and the patient survive. Both are fractures of the femur; in both there are efforts at reparation; both subsequently successfully operated on by amputation at hip-joint.

SPECIMEN 1161.

"A portion of the shaft of the left femur fractured in the upper third, and partially united by columns and arches of callus. A portion of bone found in the middle callus."

The ossific deposit forms a network of arches and columns, and various angles and braces, thus attaining a degree of strength sufficient to support the body with the aid of crutches.

The reparation would be difficult to design, but the accomplishment manifests a wisdom and beauty, even in the deformity, which call forth our admiration and wonder. A volume would not contain a record of all the specimens in this department, and a record of the interesting features connected with them. Fractured, fissured, splintered, crushed shafts, impacted balls, and fragments of shell, sequestra and new ossific matter, may be seen to the heart's content, and yet the mind becomes fixed and absorbed in this interesting field of observation and thought.

The same wide range of observation, and the same unlimited variety of interesting objects and specimens are found in the injuries of the knee joint, the tibia and fibula, in connection with the bones of the foot.

In all the museum I found no more interesting feature than the efforts of the system to repair injuries, and supply any defect in the organisms; her wisdom and resources, her successes under the most unpromising features, manifest only the same wisdom which governs and regulates the minute detail of changes in universal nature.

There are many other sections of the museum of equal interest, and filled with specimens carefully and beautifully prepared, among them pathological specimens of erysepilas, gangrene, tumors, malformations, sexual organs of the male and female, fœtal appendages, and fœtal monstrosities and parasites found on man and animals.

There are beautiful casts of stumps, wounds, deformities and disfigurations, so perfect and life-like, that the mind feels satisfied with the representation. Drawings, photographs, lithograps,photo-micrographs, micro-photographs, executed with the highest skill, are added in abundance to complete this wonderful and elaborate collection.

Diatoms and other objects have received a large amount of labor.

There is a beautiful collection of mounted preparations for the microscope, of the muscular, osseous, vascular and nervous systems; of the organs of digestion, respiration, of hearing, seeing and smelling, of parasites, articles of food and drink. Added to this, there have been made an interesting collection of photographic negatives of microscopic objects, viv.: Connective tissue, muscular, osseous, vascular and nervous systems. In this section are found three hundred and sixty injected objects, from Professor Hyrti, of Vienna, generally showing the arrangement of the capillaries in different structures of the body. This beautiful and interesting feature of the museum contains the material for a volume, and we turn from it dissatisfied, because we wish to look longer at them.

We cannot conclude our observations without calling attention to the pleasing fact, that special attention has been given to the anatomical and pathological relations of the horse—of all animals the most useful, noble, faithful, and I may add, the most affectionate. He richly deserves the attention, for he constantly contributes to our domestic happiness, health, and comfort; he contributes to our wealth and prosperity; he is a willing, contented servant in all departments of life.

When invasion comes, and our peaee and security are jeoparded, he goes forth with our armies and shares with them privations, disease and death. We are proud of the magnanimity which prompts such a section in the museum. It beats in accordence with the true American heart, which dares to measure out justice and mercy even to a brute. I was perfectly astonished at the apparent slightness of the skeleton of the horse, and cannot comprehend where his great strength lies.

We have thus hastily and imperfectly passed through this brilliant collection and addition to science. The "Army Museum" will become the Mecca of the American physician. Pilgrimages will be made there, not to touch a cold stone, or prostrate the body, but that the mind may receive a new impulse—a rekindling of devotion to science—a deep draft at that rich intellectual fountain, which will continue to well up until it blesses mankind universally. The work is a national one; it is a work worthy the nation—worthy the men engaged in its design and arrangement, and worthy the hearty co-operation of all.

HOSPITAL GLEANINGS.

By Jas. B. Burnet, M, D.,
Of Newark, N. J.

(Continued from page 114.)

No. IV.

1. CASE OF SENILE GANGRENE.

M. D., aged 70, admitted May 23d. She had always been a person of good health, and as far as could be ascertained, had no unhealthy diathesis about her. Has had three children—two died very young, the third is still living, a vigorous man. For the last few years she and her husband have lived upon their scanty earnings, herself picking rags about the street. Since they became infirm, they have had but little animal food, and subsisted chiefly upon soup made of vegetables; drinking rye coffee every evening. Two years since, she began to have periodical attacks of pain in the right leg *between* the knee and ankle, but *in* neither of these articulations. These attacks of pain continued up to the commencement of the gangrene.

About three months since, while picking rags, the right foot became chilled, if not fro-

zen, but she was able to walk the next day, without much inconvenience. Six weeks ago the foot looked natural, but a very severe pain began near and above the inner malleolus, which induced her to apply a blister over the spot, on the removal of which she says "there was a hole under it." A doctor "poulticed it with herbs and something white," to which she attributes all her sufferings, for within twenty-fours the entire foot became black, and the gangrene has been gradually creeping up the leg, and is now highest upon the anterior and outer aspect of the limb, where it reaches to within three inches of the knee. She does not complain of much pain; the gangrenous parts are dry, but the odor is very offensive. She has no arcus senilis. The heart's action is quite irregular, and has a feeble, mitral, regurgitant murmur. She is very anæmic, and the soft tissues pit upon pressure. When punctured, the gangrenous parts are perfectly insensible, and from the puncture there issues a turbid serum. The gangrene has extended up above the knee, and the ankles are becoming soft and boggy. Died June 5th.

Autopsy.—A sloughy abscess had formed in the popliteal space. Lungs healthy. Heart very flabby; the edges of the left auriculo-ventricular opening thickened and roughened. The mitral curtains were atheromatous. The aorta from beginning to end was the seat of the same degeneration, but nowhere was the inner coat destroyed. The arteries on the right side were plugged from the bifurcation of the aorta to the gangrenous leg. The plug was pale and soft, with an occasional clot of very dark blood. It's consistency, and the absence of anything like adhesions between it and the vessel, indicated that it had not existed for any considerable period, nor acted as the cause of the gangrene, but *vice versa*. The muscles and fasciæ of the leg were entirely dead. The lower end of the ileum was the seat of a tumor of the size of the two fists, succulated and communicating with the intestine by a valvular opening. Under the microscope it was found to be tubercular in structure. The liver contained a small tumor of the same character.

2. CASE OF CANCER OF THE STOMACH.

Fred Umpaugh, æt. 42, admitted April 9th, was perfectly well until two months before admission. His first symptom was a profuse diarrhœa, lasting five weeks. Had had no pain or vomiting, and was generally able to work. After recovering from his diarrhœa, he had pain in the diaphragm, with occasional vomiting, which symptoms have increased to the time of admission. He had been in the habit of drinking large quantities of beer, but not much strong liquor. After admission, the pain and vomiting continued and increased. He became jandiced; had little appetite; grew rapidly emaciated. His appearance indicated a cancerous cachexia. On examination, by palpation, a small hard tumor was distinctly felt about the middle of the free edge of the left lobe of the liver. In this place he complained of great tenderness. Does not know of any of his relatives having cancer. His mother died of phthisis. He has never vomited blood, or passed blood at stool. Died June 22d.

The *autopsy* revealed a large cancerous mass envolving the pyloric orifice of the stomach and upper portion of the duodenum. The cancerous mass was hard and nodulated, and developed entirely beneath the mucous membrane, which, it was thought, would account for the absence of hæmatemesis. The opening of the gall-duct was completely sealed; gall bladder was distended with gall. The liver was of a dark, bronzed hue, adherent to the stomach around the cancerous mass. A microscopic examination confirmed the general appearance of cancer.

ON CHOICE OF CLIMATE FOR INVALIDS.

By A. P. Merrill, M. D.

The number of invalids seeking relief by change of climate is sufficiently large to justify increased attention to the subject, and especially for such as are laboring under pulmonary disease, or a predisposition thereto. Discussions of the subject are the more necessary, because there are few points in connection with it which are generally concurred in by physicians, or settled in the public mind. In each individual case it is important to determine whether it be advisable that the invalid leave his home at all, and whether, in doing so, he shall travel east or west, north or south, and how far. Whether he should seek a locality of high or low elevation, and an atmosphere abounding in dryness or moisture, are questions variously determined. In general, warm climates are preferred to cold, although it may be shown that consumption is more common in the torrid than in the frigid zone. A dry is often preferred to a moist atmosphere, while

relief is, perhaps, as often found in alluvial as in mountainous districts. Predisposition to pulmonary disease is overcome by active labor in the swamps and prairies of Louisiana, not less than by nomad life in Minnesota.

Thus the question of dryness and moisture seems to be one of peculiar difficulty; and we often encounter the inconsistency of patients treated in their sick chambers by an atmosphere rendered damp by artificial means, and then sent into distant countries in search of dryness, supposed to prevail in sandy deserts, or upon mountain tops. The open air is often prohibited at night to avoid the moisture which has been rendered sensible by some reduction of temperature. The presence of fogs is also deprecated, and for no better reason than that the moisture held in atmospheric solution has been condensed by the influence of a cooling breeze. No doubt injury often results from the sudden transitions of temperature affecting atmospheric solutions; but there is no reason to believe that water, independent of such condition, is prejudicial to health. Very numerous, indeed, are the proofs afforded by the habits and exposures of soldiers, sailors, travelers, and hunters, living without shelter, and sleeping at night in the open air, that atmospheric moisture is not, of itself, prejudicial to health. All experience shows, that it is not safer for the invalid to pass the night in an arid desert, than in the midst of marshes, or upon the ocean where moisture greatly abounds. After all that has been said and written upon this subject, I am well convinced that nothing has been provided for the wants of man which is less productive of evil than *water*.

In the class of invalids to which I have referred, the common morbid condition is, a want of vital energy—a prostration of nervous power—with its legitimate influence over physiologic functions, causing morbid or defective secretion, impairment of nutrition, and sometimes a deposit of tubercular matter in certain organs and tissues, resulting in phthisis pulmonalis. The prominent indication of treatment, therefore, is nervous invigoration. Any plan of regimen and medication which secures this result, and which restores, in any degree, healthy secretion and nutrition, affords more or less relief, and the only promise of permanent cure. The increased development of animal heat, and the formation of fat in the tissues resulting, are proper evidences of the success of any treatment having for its object this invigoration of the nerve-power; and without these there is little encouragement or hope of success.

The remedial measures, then, must be such as are adapted to the support of the system, and to the preservation of health in all the functions. Pure air, nutritious food, exercise, and clothing, are mainly to be considered, and all medicaments should be subservient to these. The classes of medicines most required are, the nerve-tonics, aperients, and anti-periodics.

Pure air is to be enjoyed only by out-door life. Confined and crowded rooms, and vapors arising from the imperfect combustion of gas, and coal-oil, and particularly those from anthracite coals, are to be avoided. Chemistry discovers little variation in the constitution of the atmosphere in country localities all the world over; and even in cities suffering from epidemic visitations of fatal forms of disease, atmospheric analysis fails to demonstrate important changes, and to justify the prevalent belief in the existence of deleterious corruptions. Odors of various kinds abound in both city and country; but we are without proof of their injurious effects upon the lungs and the human constitution. On the contrary, we often find the best specimens of health among those whose daily occupations subject them to such odors as are supposed to be causes of disease. Much of the modern teaching on this subject is *ad captandum vulgus*, and unsustained by either science or observation.

But all experience proves that sudden transitions of temperature are often injurious to invalids, as are also, in many cases of pulmonary disease, the influence of the ocean winds. Besides the sudden depressions in temperature, these winds come charged with more or less of saline matter, which is exciting in its effects upon the bronchial tubes. These winds are most likely to prove injurious to those who are unused to them, and hence the disappointment of many who leave the interior of the country for a temporary sojourn at the sea-side. Better success sometimes attends upon a sea-voyage, during which the lungs become accustomed to the saline stimulation, which may, from the force of habit, soon prove beneficial. The "northers" of Texas are also objectionable on account of their chilling influences, and need to be carefully guarded against by invalids visiting that country; and the same remark applies to all the western and northwestern regions now being

visited by invalids emigrating from the western States. Purity of atmosphere is to be enjoyed, but the north winds, and the currents of air emanating from mountain gorges filled with snow and ice, and especially the inclemency of winter, interfere very seriously with the comforts and welfare of itinerant invalids.

An object too often overlooked or undervalued is abundant respiration. From habitual stooping and contraction of the chest, from listlessness and inattention, from the natural effects of debility and nervous depression, and sometimes from spasmodic constriction of the bronchial tubes, deep inhalations of air are not made by phthisical persons, excepting only while sleeping. The deficiency is to be obviated by the constant effort to fill the lungs by a full respiration and the habit of taking frequent long breaths. Much can be done, too, by an erect posture—throwing back the shoulders and elevating the head. Exercise of the arms with dumb-bells and clubs is also useful, and young persons sometimes derive benefit from swinging by the arms, especially if there be a tendency to spinal curvature.

No part of our country has yielded more beneficial results in regard to this class of emigrants than the prairie lands of Louisiana and the alluvial districts of the lower Mississippi river. Moisture in the air necessarily abounds in these regions, intersected as they are by water courses, and interspersed by lakes and marshes, presenting abundance of water surface to the action of the sun and winds. Observations upon the dew point show an atmospheric solution of moisture nearly approaching to saturation, but only very rarely are the transitions of temperature so sudden as to condense the moisture into visible fogs, or to cause large precipitations in the form of dew. Nothing is more generally observed by immigrants into that country than the remarkable atmospheric transparency, both day and night, brightening the lustre of the foliage, and rendering objects visible at great distances. Upon the banks of the lower Mississippi, and throughout all the alluvial regions to the shores of the Gulf of Mexico, the moonlight is brigher and the stars are more brilliant than in more northern latitudes. Immigrants soon learn to copy the habits of the native population, and spend their nights as well as days in the open air. A mattress upon the veranda, or a hammock suspended in the grove, tempts the weary and the infirm to the luxury of sleeping. Complaints of the deleterious effects of the night air are never heard in that country. Moisture is, indeed, equally soothing to irritable lungs and softening to a parched skin, and invalids afflicted with either, or both, do well to give the fact due consideration. It is only against the chilling influences that may arise from moisture in connection with sudden changes of temperature that invalids of this class are to be protected. In traveling, in warfare, in the pursuit of game and in fishing, invalids may wade the lakes and bayous of the South, and remain for hours immersed in their tepid waters, without injury, if they will take proper precautions against becoming suddenly chilled.

In regard to the choice of food, it must be considered that invalids suffering from a depression of vital energy, are somewhat in the condition of persons emigrating from hot to cold climates. In the torrid zone the human race subsists largely upon vegetable food, Roots and fruits of spontaneous growth afford sufficient sustenances to the tawny races living in idleness under a vertical sun, while the color of the skin and its peculiar secretions enable them to dispense almost entirely with clothing. For them animal heat is thus sufficiently provided and preserved. But as we travel toward the poles, stronger diet and warmer clothing are required, and in both respects nature providentially provides for our necessities. Fats and oils enable the human constitution to resist the influences of cold, and vestments of wool and fur preserve the scanty supply of animal heat. The physiologic condition which predisposes the individual to the development of tuberculosis, is of a similar character; but it must be borne in mind that oleaginous food is useful in either case only upon condition of perfect digestion and assimilation. The Esquimaux tribes digest oils in their grossest forms, and are rarely subject to pulmonary disease of a tubercular character; and the negro race migrating from the torrid to the temperate zone, can only be protected from fatal disease by such oily nutriment as would prove fatal in the hot regions of Africa. Both races crave and digest the diet suited to their climatic condition, as do the subjects of tuberculosis, diabetes and other diseases of deficient nervous energy.

For these reasons cod-liver and other oils have come to be considered medicinal, and even palatable, in such quantities as invalids can readily digest. These are sufficient hints in regard to the choice of food for the class of invalids to which I am referring, but it is more

difficult to adapt the doctrine to the pathologic than to the physiologic condition. It was an easy matter for the southern planters to secure double profits from slave labor by feeding negroes on pork and corn bread, and shielding them from cold by proper clothing; and the negroes were protected by this treatment from phthisical complaints resulting from change of climate; and there are many negroes losing the advantage of this diet, as idle freedmen, who are preserved from immediate destruction by subsistence, in part, upon the oily catfish and sturgeon; but it is difficult, by any such regimen, to arrest the already inaugurated pathologic condition threatening phthisis; although it may be an important part of the treatment to supply the system with hydrocarbonaceous material. In these diseases of nervous depression nature assists in pointing out the proper class of remedies, conditioned upon the ability of the stomach to digest them. An extraordinary illustration is mentioned by Hampton in a case of diabetes with such intense craving for fats, that in his delirium the patient raved incessantly about "fat, roasted fat, which the angels of heaven were preparing for him." Sugar is also to be considered in this connection, the fattening influences of which are fully exemplified by its effects upon the negroes in cain-growing districts. Uncoagulated albumen is also supporting and fattening, as illustrated in the use of raw beef and raw eggs, both of which may be substituted for oils and fats when these are not readily digested.

Medicinally, the principal nerve-tonics are arsenic, strychnine and iron; the first being the most important because of its greater tendency to invigorate the respiratory function, and in many cases to relieve existing periodicity. The constriction of the bronchi, limiting the volume of air respired, and reducing the extent of decarbonization in the lungs, is by no other remedy so readily relieved as by arsenic; while the whole nervous system, suffering depression from causes referred to, is better elevated and sustained by this than by other tonics. The success I have met with in the use of this remedy—pure arsenious acid—justifies me in reiterating the opinion given more than twenty years ago, that the time is likely to come when arsenic will be principally relied on for the prevention and cure of consumption. Strychnine is valuable in indigestion and serous discharges from the bowels, and iron often becomes necessary in the anemic condition. Aloes is most important among the aperient remedies, and this may sometimes be replaced by lac sulphur in aperient doses, while calomel, in minute doses uncombined, is the proper excitant of secretion. Alcohol may sometimes accomplish temporarily what fats and oils do permanently. But it requires medical skill to conduct these medications. Without it, phthisical patients are apt to make sad mistakes.

Woolens alone should be used as clothing. Besides producing a wholesome irritation of the surface of the body, they preserve it from the effects of sudden transitions of temperature, and facilitate the evaporation of the cutaneous secretions. And not among the least of the advantages of woolen clothing is, their remarkable power of relieving a dry skin, than which, nothing is more important. The quality and thickness of woolen clothing and bedding should depend much upon the sensations of the patient, upon actual experiment, taking care always that every part of the body be covered, and by woolens exclusively. Theoretic conclusions in regard to this matter are apt to be erroneous.

Exercise should always be taken in the open air, and it is on this account mainly that preference is given to a warm climate. It should be active rather than passive, or such as will employ the greatest number of voluntary muscles, such as walking or farm labor, but without excessive fatigue. This, in connection with the full inspiration of pure air, is the great desideratum; and with the proper precautions against the effects of sudden transitions of temperature, the avoidance of inclement weather is commonly unimportant. Exposure to drenching rains, wading in lakes and rivers and sleeping in the open air, rarely inflict serious injury upon the patient if he be properly clothed. In case of sudden depressions in temperature, however, it is desirable that activity be maintained while the clothing remains wet, or until a place of shelter from cooling winds can be reached.

Tepid ablutions should be practiced daily, using strong alkaline soap or the spirits of ammonia as a deturgent. Vapor baths are often objectionable, unless they are taken in such manner as to exclude the vapor from the lungs. One of the great secrets for invalids to study and understand, is the proper use of water.

It is idle for invalids to expect improvement from any and all the appliances of treat-

ment without a full sufficiency of sound and healthful sleep, which should mostly be taken at night; but whether by night or day, indoors or out, all clothing worn in waking hours should be dispensed with, and care should be taken that nothing tight be worn about the body or limbs while sleeping; nor should any other than woolen covering be used.

It is not my purpose to recommend any particular place or country as essentially suited to phthisical invalids—being thoroughly convinced there is no such place. Their improvement depends, everywhere, upon the kinds of regimen and medication indicated in this paper, and it has always been found that little reliance can be placed upon specifics and nostrums. Medical advice is important to many, but in regard to no class is it more true that "God helps those who help themselves." In a large majority of cases, home is the best place for the invalid, provided it does not restrict him in his open air exercise, or subject him to the respiration of deleterious gases.

CARBOLATED ALCOHOL.

By W. H. Williams, M. D.,

Of Denver, Colorado.

I wish to suggest, through your journal, an application of carbolic acid and alcohol, which I consider to be a most admirable dressing in surgical cases of a certain character. The manifold therapeutical applications of carbolic acid during the last several years, seen to preclude the probability of any original suggestions as to its use. The *physical*, *chemical*, and *vital* effects of alcohol are alike well understood, yet it is to a combination of these two as a remedial agent to which I wish to direct the attention of the profession.

Without entering fully into an explanation of the reasons that induced me to adopt the use of what I have been pleased to denominate *Carbolated Alcohol*, in imitation of a correspondent of the Medical and Surgical Reporter, in a paper on "Carbolated Glycerine," I will briefly state the formula as I have used it, referring the reader to *Carpenter's* prize essay on the use of *Alcoholic Liquors* in health and disease, as also to the many articles on *Carbolic Acid*, for the ideas that suggested its probable therapeutical value to me. I have not hitherto, through journals or otherwise, heard of *Carbolated Alcohol*, and hope I will not have committed the stupidity of suggesting that which is well known. I propose the following formula, to be modified with respect to either ingredient as may be required:

℞. Acid Carbolic, gr. v.
Alcohol Dilut., U. S. P., f℥ij.
Aquæ Dist. vel. Aquæ Com., f.℥j. M.
Fiet lotio.

This, when applied to the surface of a recent wound, seems to promote speedy union. My experience with its use, has been alone with minor operations, and injuries, yet I have no no doubt that its influence would be salutary in cases of extensive cuts and amputations, permitting the wound to dry and glaze, as much as convenient, before application. The efficiency of the remedy probably depends upon the coagulation of the free or exuded *Albumen* by the alcohol, thereby coating the surface, and preventing further exudation and separation of the surfaces of the wound, by reason of said exudation, after approximation, as frequently occurs, probably upon some vitalizing influence exerted by the alcohol and acid, and most reasonably upon the antiseptic capacity of the acid, destroying the sources of *zymosis* and decomposition, thereby opposing suppuration, and favoring the rare and much-desired process of union by first intention, a result I can not wholly claim under my observation, though I have seen some very near approaches to it, suppuration being limited.

——A disease called *pachima* is reported to be fast destroying the cattle of the Soonderbuns, in India. It has appeared in an epidemic form, and its victims invariably fall off and die in the course of two or three days. This epidemic is said not to differ much from the epizootic, or cattle disease of 1864. It is called by the natives *pachima*, or *puschima*, probably because they suppose it to come from the west. Mr. Rainey, in bringing the matter to the notice of the Agricultural and Horticultural Society of India, at a recent meeting in Calcutta, suggested that the Government should cause a simple manual in Bengalee, on the subject of cattle diseases, to be prepared for distribution among the people. Such a work would be of the greatest utility.

——Professor Pietro Cipriana, of Italian celebrity, who has been dangerously ill with an enormous anthrax on the back of his neck, is, we learn with pleasure, much better, and has retired to the country to recruit his health.

EDITORIAL DEPARTMENT.

Periscope.

Circumcision.

A. B. ARNOLD, M. D., Baltimore, Md., contributes the following account of this operation to the N. Y. *Medical Journal:*

During the last nineteen years, I performed the operation of circumcision, as practised among the Israelites, not less than eight hundred times. This extensive experience enabled me to gather some noteworthy facts and observations. It will perhaps be not uninteresting to introduce their statement by a brief account of what is at present known, or conjectured, in regard to the origin and purpose of this species of mutilation, which prevailed to a great extent in ancient times among numerous tribes and nations, and is yet practised by over two hundred millions of people.

The apparatus used consists of a two-edged knife of considerable size, rounded off at the point, where t has a dull edge. Perhaps a pair of scissors would be preferable, but this innovation has not yet been attempted by any one. I use a small scalpel, as the convex blade offers some advantage. A guard, or shield, composed of a plate of silver or ivory, having a slit in the centre which runs longitudinally for compressing the prepuce, is now in general use. The operator keeps the nails of both his thumbs sharply pointed. A glass of water and a narrow strip of lint complete the preparation. The person who holds the child sits on a chair, his feet resting on a low stool, and approximates his knees. A small pillow is placed on his lap, on which the child is laid on the back, with the head directed toward the left side of the assistant, who carries his right hand under the knees of the child to steady them by his thumb, his left hand passes over the left shoulder of the child, by which he keeps the trunk in position. The operator stands at the feet of the child, and seizes the prepuce between his left thumb and index finger, and draws it upward. He then slides the guard from above downward, and from right to left, over the prepuce, which is constricted between the fingers and the glans. The knife is now held outside of the guard, and with one cut, or perhaps two, the foreskin is severed. Immediately the wounded cutis of the penis retracts behind the fossa, and occasionally to such an extent, that the penis acquires the appearance of having been completely skinned. Only a small portion of the inner lamella of the prepuce is usually cut away, and, being of a less elastic nature, is found to cover a part of the glans. Sometimes it remains intact, and may still cover the entire glans, and even project beyond it. If this be the case, it ought to be removed by a short sweep of the knife, as it would otherwise dangle about in shreds after the parts have healed. Generally, however, the glans is exposed sufficiently to allow of the next stage of the operation. This consists of the laceration of the inner fold of the prepuce, and is done for the purpose of divesting the glans of the remaining portion of the foreskin. After the guard has dropped, or has been removed, the nail of the left thumb is introduced between the inner lamella of the prepuce and the glans, and held tightly with the aid of the left index finger, and is then gently drawn upward. The nail of the right thumb is introduced in a similar manner, but opposite and nearly in contact with the other nail, so that, in conjunction with the right index finger, the free margin of the circumcised skin is torn on its superior side to near the corona glandis. Very little blood escapes, and nothing further is required to be done than to wrap a narrow strip of lint around the wound, which is kept *in situ* by the agglutination of the blood, and protected from friction by pinning the diaper in the usual manner. The wound heals rapidly, although a slight tumefaction of the parts is frequently observed on the next day, when the dressing may be safely removed and replaced by a thick layer of the common infant powder.

In the vast majority of cases, which present themselves for circumcision, no difficulty is encountered which would require any other management but what has thus been described. There occur, occasionally, certain deviations from the normal type of the prepuce, for which the operator must be prepared. The most frequent defect is a shortened, hard, and puckered condition of the preputial orifice. This offers some difficulty in seizing the parts securely with the fingers. It is my practice, in these cases, to employ a large dressing forceps, by which the small prepuce can be easily drawn away from the glans, and thus prevent the wounding of the latter, of which I know instances. I have also come across a few bungled cases of circumcision, where, owing to the same cause, an elliptical portion of the foreskin had been cut off, and the head of the penis forced through the opening thus made.

Cases are also not rare, in which the orifice of the

inner fold of the prepuce is surrounded by a hard, broad seam, that opposes its easy laceration. It is my invariable rule to remove this indurated portion with the knife. I have been called to attend cases where the violent attempt of lacerating such a tough tissue had produced a rent, causing much swelling, and a deplorable amount of suffering.

A fault of an opposite kind is sometimes committed—due either to the timidity of the circumciser, or the concealment of the parts by the blood—where the inner lamella is only partially torn, and is kept on the stretch by the protruding head of the penis. I recollect, that I was once hastily summoned to stanch the blood in a circumcised child, which the officiating person was unable to check. The child was fearfully blanched, and had refused to nurse for the last six hours. On inspecting the wound, I found the state of things just mentioned, and, on extending the laceration, relieved the child. Troublesome bleeding and suppuration are not unfrequently caused by the laceration of the frænum præputialis.

But the most dangerous source of excessive loss of blood in circumcised children is, the existence of the hæmorrhagic diathesis. I remember a family in this city, one of whose children barely escaped with its life, on account of such an unfortunate peculiarity. In two of the children of the same parents which I had circumcised, I found great difficulty in controlling the hæmorrhage. The third child was circumcised by a non-professional person, as the family labored under the impression that the profuse bleeding was owing to my want of skill. Eight hours after the operation, I was sent for, in a great hurry, to render my services. I found the infant in a very precarious condition, as much time had been lost by various appliances to stop the blood, which seemed to ooze from every part of the wound. A neighboring physician had been called in, who unavailingly cauterized the bleeding surface with a solid stick of nitrate of silver. I gave the child a few drops of brandy, in milk, and proceeded to employ the means which had proved successful with the other children. This consisted in wrapping, somewhat tightly, a narrow strip of lint, in successive turns, around the penis, commencing at its root, and frequently repeating these turns around the wounded part, where it formed a kind of cap, and then secured the dressing by numerous tours of cotton thread. The support and pressure exercised by this compact spiral of lint and thread answered the purpose fully, and probably saved the child's life. But, for a long time afterward, the great pallor of its skin, lips, and gums, showed the fearful effects of the drainage of blood. It ought to be mentioned that these cases occurred at the time when the perchloride and persulphate of iron had not yet been introduced into practice. These preparations I have since used with uniform success in obstinate bleeding from circumcision.

Twice I have rendered assistance in a serious condition of the penis, verging on gangrene, caused by a few linen threads which had strangulated the fossa near the corona glandis, and obstructed the passage of the urine. These cases bore a striking resemblance to paraphymosis, and I must confess that the detection of the cause, which puzzled me much, was still easier than its removal. The parts were tumefied, and deeply congested, and the glans penis, especially, appeared almost black. I ordered a warm bath, in which the little patient remained for some time; and, after repeated attempts with a blunted tenaculum, I succeeded in raising the softened threads from their imbedded position, which gave way on slight traction. No bad consequences followed in these instances; but a similar fortunate termination did not take place in a few other cases of a like nature, one of which came under my notice when it was too late for medical aid to be of any service. Some of the circumcisers, namely, pursue the reprehensible practice of using small pledgets of linen, having a small hole in the centre, which they forcibly strip over the glans penis, and lodge in the fossa, for the purpose, as they allege, of preventing the return of the preputial vestige over the glans. These pieces of linen, or tropeles, as they are called, are allowed to remain in place until the third day, and sometimes longer. Others are in the habit of removing these tropeles daily, and replacing them by new ones, which causes agoniing pain to the little sufferers. If it happen that these unyielding bands of linen contract, and cannot well be removed, without screaming and struggling on the part of the child, they are allowed to remain with all the deplorable consequences of constriction, inflammation, and gangrene. The case to which I have alluded resulted in the sloughing of the whole penis; in another instance, which came to my knowledge, the head of the penis was lost; and a third instance of the kind produced an artificial epispadias. The first of these children survived but a short time; the second one, whose parents reside in the city of Washington, is troubled, I am told, with painful and difficult micturition.

Great mischief is sometimes done in cases where the foreskin is attached over the glans penis. The attempt to separate this attachment is both useless and cruel. According to my experience, this agglutination of the mucous surfaces is seldom uniform and complete, and is gradually loosened, and finally separated, by the frequent erections of the organ in the act of urinating. These attachments are most tenacious about the corona glandis, where little worm-like projections, of a whitish color, form, easily seen through the transparent membrane, and which are nothing else but aggregations of the natural secretion (smegma) of the sebaceous glands. In older children these adhesions can be readily separated without causing much pain.

Ante-Partum Hemorrhage.

J. P. CHESNEY, M. D., New Market, Mo., writes to the Leavenworth *Medical Herald*: Among the many volumes of medical books in our libraries, how seldom do we find satisfactory information on any special subject we may wish to investigate. I have been ransacking the "authors" for knowledge in regard to ante-partum hemorrhage, but instead of finding in them a concise narrative of its various causes—physiological and pathological, and the best remedies for its control—I find a medley of ambiguity, and a diversity of opinion sufficient to cause one to almost eschew books as a source of profitable inquiry. This is not only true of the subject named, but it is so of almost any matter connected with medicine. The truth is, there is a vast amount of indolence fastened like a deadly parasite upon the body medical, and we, therefore, find it more congenial to the tastes of multitudes in our ranks to set at their tables, pen in hand, and sow broad-cast over the land seeds that are to bring forth an unprofitable crop. To demonstrate the truth of their assertions would be quite an other matter. The time of visiting the dead-house, the hospital, and the bedside of the private patient, is where the truth is to be learned by the shortest route; but this necessitates labor, the "one thing needful" in our profession. This apathy does not find any abiding place among the "lesser lights" alone, but lurks in close proximity to our "first authors" as well. It is unfortunate, but nevertheless true, that many of our best and most diligent investigators in the intricate field of medicine are not writers; and the consequence is, we are dependent upon those for our knowledge, if we depend on books, who really have little meritorious claim to our fealty. However, I started out to tell about a case of ante-partum hemorrhage which recently happened in a patient on whom I was attending, and here are the notes made at the time:

June 3d, 1869, was called to see Mrs. F., aged thirty-five, at the eighth-and-a-half month of her seventh pregnancy. Her health was good, and she had never in any former labor been endangered by any abnormal condition. I first saw her at 12 o'clock, a. m., and, on making inquiry, I learned that a profuse hemorrhage had come on about 8 o'clock on the evening before, and had continued to flow copiously until the present time. I supposed at once that I had encountered another of those fearful cases—Placenta Prævia. I found the bed and everything about the person of the patient completely soaked with blood, but the pulse and general condition of the patient was very good—portending no immediate danger. There had been no signs of approaching labor, but I set myself about controling the bleeding at once. On examination, *per vaginam*, I was surprised to not find the placenta presenting, but in its stead the head of the child with the membranes intact, in normal position. The os uteri was patulous enough to allow the point of the index finger to enter it very readily, and admit some degree of dilatation with it, and, as it was turned far back into the hollow of the sacrum, I drew it forward and endeavored by manipulating to set up uterine action. I failed in this, however, and, as the blood still flowed freely, at 2 o'clock I ruptured the membranes, but no water followed. No pain yet occurring, gave gave her a free dose of the secale cornutum; introduced a tampon tightly into the vagina, and then retired for awhile, determined to await the consequences. At the end of an hour I was aroused by the nurse with the information that the patient had a desire to pass water. I found the pains active, and the labor seeming to be progressive as though it had come on spontaneously; she had had a second dose of the ergot in the meantime. I removed the "T" bandage which I had applied to retain the tampon in place, and found that there had been no more hemorrhage; drew the urine with the catheter, as I was afraid to let the patient go to the vessel for fear of deranging the tampon. I yet found the general condition of the patient good, therefore I had nothing to do but to patiently wait the labor, which was now rapidly approaching completion, as far as I could judge from external manifestations. At 4 o'clock the tampon, child and secundines were delivered, and followed immediately by a considerable quantity of coagulated blood. The child was in an asphyxiated condition, and would evidently have been lost to this world had I not used persevering effort for its resuscitation. The nurse, an elderly lady, of good intelligence, remarked that she "never would have thought of saving that child." The mother progressed well, but she had not the remotest idea of what could have given origin to the hemorrhage. I did not think to examine the afterbirth to know how much of it had been detached, thereby producing the bleeding.

Some of the writers condemn the use of the tampon in such cases. Bedford says the tampon will convert an open hemorrhage into a concealed hemorrhage, consequently it would be very dangerous, as serving to mislead, &c. Now, I conceive that such a notion is more in imagination than in fact, as there is hardly space enough in a womb already completely filled with a child and its envelopes to admit of the retention of enough blood to endanger life very seriously. If we prevent the flow from the mouth of the womb, we thereby convert all the subsequent effused blood into coagula inside of the womb, which gradually reaching the situation from which the hemorrhage is issuing, will form as efficient a tampon and compress as could be applied to an external wound. Our inability to reach the bleeding vessels with our bundle of rags, is the especial argument of Bedford in condemning the efficiency of the tampon. I can not look upon this notion as a valid objection to the use of the "plug" in most cases of ante-partum hemorrhage, be the case accidental or unavoid-

able in its origin; and the same may be said of its use in severe cases of menorrhagia, or hemorrhage in the unimpregnated womb from any cause.

Alopecia Areata.

Dr. Thomas Reid, M. D., writes to the *Glasgow Medical Journal:*

The views of dermatologists regarding the true nature and etiology of alopecia areata are vague and conflicting. The advocates of the parasitic origin of this disease have generally failed to demonstrate in a satisfactory manner the presence of a vegetable fungus, although from other evidence disposed to regard it as truly parasitic and contagious. On the other hand, the opponents of this doctrine, with Wilson at their head, say that "Pathologically we must regard area as a suspended innervation and the other features of this disease follow upon the exhausted state of the nerves of the part, circulation is weakened, nutrition is suspended, and the function of hair production and secretion is at an end," a view sufficiently vague and unsatisfactory, and utterly destitute of sound anatomical or pathological foundation.

Gruby, in 1843, discovered a fungus growth in the hairs and scales of *alopecia*, to which he gave the name of *microsporon audouini*, the growth and development of which in the hair follicle he believed to be the true cause of the disease. Subsequent observers have occasionally been able to confirm his discovery, but at the same time have more frequently failed. Now, if the disease is truly parasitic, the parasite ought to be present at some stage of it in every case, otherwise its presence must be regarded as an accidental occurrence in the course of an affection due to other causes. It has been assigned as a reason for the absence of the parasite in the later stages of this disease that it has a very slight hold on the epidermis, grows with great rapidity, and vanishes at an early period. Tilbury Fox alleges that it affects the hair follicle only, and, consequently, frequently escapes detection. How far this opinion is correct may be inferred from the following cases which have come under my notice lately.

Case 1st.—Mary B., aet. 25, has suffered from alopecia for some months; several large patches covered with long downy hair occupy the occipital and parietal regions of the scalp; on the other parts of the head the hair, which is auburn, is very luxuriant. My attention was directed to an erythematous patch on the back of the head, near the margin of the hairy scalp, which was said to be the same condition which characterised the other patches in the early stage of the disease. On examining this spot carefully, a number of broken stumps were seen projecting beyond the surface of the skin. A few of these stumps having been extracted and examined in the usual way, the following appearances were noticed: The broken end presented the ragged appearance characteristic of parasitic hair. The body of the hair at this extremity had a fusiform dilatation, produced by the enlargement of the medullary cells, without any trace of a parasite in the interior. Farther down the root the sheath was adherent, and between it and the body of the hair a quantity of granular matter was imbedded, having a close resemblance to that found in the sheath of favus hairs. The root was slightly atrophied; in other respects the hair and scales of the sheath were tolerably healthy. The scales from other patches were charged with spores.

Case 2d.—John G., aet. 10, had three patches of alopecia on the top of the head. On one of these, about the size of a florin, the alopecia was not complete, and on close examination a number of stumps were found scattered among the long hairs. On examining a number of these the condition of the hairs was found to be considerably altered, being lustreless, opaque and ragged at their free extremities. The bulbs presented different stages of atrophy. In some the atrophied bulb was enveloped in a conical cap of fibrous structure—probably the enlarged papilla, thereby reversing the normal condition in which the bulb forms a kind of cap to it. In hairs extracted *without the sheath* no spores were visible, but in those where the sheath was still adherent, the spores of the parasite could be distinctly seen penetrating as far as the soft pulpy cells of the bulb —sometimes singly, at other times in groups, but in every case outside the cell walls, which were well defined and healthy. Rudimentary chains of spores were seen running in various directions over the body of the hair, apparently following the intercellular spaces. In this case the presence of the parasite at the bulb appeared to occasion the changes in the structure of the hair by interrupting its nutrition, and exciting a certain amount of inflammatory irritation. These changes appear to be quite compatible with a certain amount of vitality and growth of the hair.

Case 3d.—John R., aet. 35, robust and rather florid, had several patches of alopecia over both parietal regions; one of these over right parietal prominence was not so complete as the others. In the centre there was a circular spot of about five lines in diameter having a considerable number of tolerably healthy hairs nearly one inch in length. A ring of complete alopecia surrounded this patch. A considerable number of stumps were visible at the outer margin of the bald annulus. Having extracted a few of these and submitted them to careful examination, the free ragged extremity having frequently a bulbous or fusiform dilatation near it, the withered atrophied lustreless shaft, and the completely atrophied root terminating in a ragged irregular outline, were all characteristic of parasitic hair in the most advanced stage. Spores and adherent scales of epithelium were occasionally seen on the body of

the hair. In one instance, where the sheath was extracted with the stump which formed a kind of tube around it, the parasite could be distinctly seen in all its stages growing amidst the granular matter which constituted the chief part of the sheath. This granular appearance of the sheath is produced by the dead and atrophied scales of epithelium whose outlines can, with difficulty, be defined. On the surface and in the body of this sheath the spores and filaments of the parasite were most abundant. The spores vary in size from one-sixth thousandth to one-three thousandth of an inch, sometimes arranged in in small groups, sometimes in rudimentary chains. The filaments, which are very fine, contain no spores, and terminate in jointed undulating branches, the segmentation of which probably indicates the mode of reproduction. The filaments assume a transverse direction, which is opposed to the statement of Kuchenmeister, who asserts that they run parallel with the stripe on the hair.

The above cases exhibit, in a connected series, what appears to be the progressive development of the parasite, and at the same time the different stagesof the disease. Three stages, at least, can be traced with considerable accuracy.

In the first stage the parasite, having effected a lodgement in the hair follicle in the form of fine granular matter, diffuses itself among the epithelial scales, producing a certain amount of thickening and enlargement of the sheath. This condition of the sheath, by simple mechanical pressure exerted on the neighboring parts, probably gives rise to the erythema and neuralgia frequently accompanying this stage.

In the second stage the spores of the parasite can be traced as far as the soft bulb, ramifying in the intercellular spaces and interrupting the nutrition of the hair. This interruption of the nutrition, and the irritation caused by the presence of the parasite, induce certain changes in the structure of the hair which still continues to grow. These changes are bulbous or fusiform dilatations of the body of the hair chiefly in the medullary substance. The hair fibres become opaque and atrophied, sometimes containing fine granules in their interior. The diseased hair continues to grow, but on reaching the surface of the skin, breaks off, being too brittle to sustain its own weight.

In the third stage the spores are mixed with filaments, and the parasite has arrived at maturity. The root is completely atrophied, its connection with the papilla is severed, it dies, and is thrown off as a sequestrum, or is pushed out by the growth of the succeeding downy hair. Most frequently the hair and its sheath are extruded separately; in such cases the parasite can seldom be detected on the body of the root. The sheath, or at least the spores of the parasite, may remain and surround the downy hair on which they have been occasionally detected; and thus a second crop of the disease may be produced. It has been stated that the papilla appears to undergo certain changes. We know that in most cases of alopecia its power of developing new hair is very much weakened at first, as is evidenced by the weak downy hairs which generally succeed those which are extracted; but it is quite conceivable that in aggravated forms of the disease the papilla is also destroyed, and permanent alopecia will be the result—a condition sometimes found to exist along with downy patches on the same head.

Nitrate of Lead in Sore Nipples.

J. G. Wilson, M. D., F. R. S. E., Professor of Midwifery in the Andersonian University, sends the following notes to the *Glasgow Medical Journal:*

The treatment of excoriated or fissured nipples, although apparently a trivial matter, is, nevertheless, one of much importance. This condition of the nipples is one of the most painful and serious obstacles to lactation, and is a very influential and frequent cause in the production of mastitis. Such an affection is one of the most vexations annoyances of the lying-in chamber, and frequently proves very obstinate and rebellious to treatment. There is a long list of "remedies" for sore nipples, but, unfortunately, they are more numerous than effectual. The very circumstance of there being such a great variety of remedies, may, I think, be safely regarded as an indication that most, if not all of them, are inefficient.

It is not my intention in the present communication to enter upon, far less discuss the various circumstances which have been assigned as likely to cause or to favor the occurrence of sore or tender nipples. My object is briefly to call the attention of the profession to a simple and yet very effectual mode of treating cases of this kind, as I feel assured it is not so generally known as it deserves to be. I allude to the treatment of such cases by the local application of the nitrate of lead. From ample experience in the use of this substance—which has now extended over three years—I feel satisfied of its superiority to any other agent which I have hitherto employed. I have found it in numerous instances to succeed, when tannin, gallic acid, zinc, benzoin, borax, &c., failed to produce the desired effect. I do not mean, however, to assert that it will always succeed, or that it is an infallible cure, but in my experience the cases were few and rare in which I was disappointed with the result of its employment. The mode in which I use the nitrate of lead is in solution, dissolved in glycerine or brandy. The following is the formula I generally employ:

℞. Nitratis Plumbi, gr. x.
Glycerini, ℥i. Solve.

This is applied freely to the affected nipple after

suckling. Care must be taken to wash the nipple previous to the next application of the infant. This astringent lotion generally produces a sharp, smarting pain for a short time, but this soon subsides. In superficial abrasions or excoriations especially, I have found this application to have an excellent effect. In some cases of deeply fissured or ulcerated nipples, a stronger solution is occasionally required. In such instances, the lotion should be thoroughly applied, by means of a small hair pencil, to the whole of the fissured or ulcerated surface. The employment of the nitrate of lead may, if necessary, be combined with other modes of treatment. In severe cases, for example, the application of a teated shield, so as to protect the nipple while the treatment is being carried out, is sometimes advantageous. On several occasions, when treating cases of more than usual obstinacy, I have occasionally applied the nitrate of silver, collodion, or a solution of gutta percha, and found them useful adjuvants.

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Note on the Use of Carbolic Acid in Obstetric Practice.

It is now upwards of a year since I first employed diluted carbolic acid as an intra-uterine injection after parturition. The first case in which I tried this antiseptic injection was one where the symptoms were such as to lead me to apprehend an attack of puerperal septicœmia. In the case referred to the patient, on the third day after delivery, suffered from considerable tympanitic distension of the abdomen, with pain and tenderness on pressure over the hypogastric region, the lochial discharge was scanty and fœtid, and there was a good deal of general febrile disturbance of the system. The result in this instance was so satisfactory that I was induced to give this plan of treatment a further trial in such and similar cases. Since then I have frequently syringed the uterine cavity with a weak solution of carbolic acid, not only in cases where the lochial discharge was offensive and deficient, but in a variety of other cases. Such, for example, as those anxious and troublesome cases in which there is reason to suspect retention, *in utero*, of a portion of the placenta or membranes, consequent upon or resulting from abortion, retained or adherent placenta, &c.; also in cases where the infant is born in a semiputrid state, morbid conditions of the placenta, decomposing coagula in the utero-vaginal canal, &c., &c. That carbolic acid has proved of decided value in many such cases I have not the slightest doubt. Still, I am not prepared to ascribe all the benefit to the carbolic acid, as an antiseptic; I think that the very washing out the uterine cavity is of itself a very important matter, and is entitled to some consideration in estimating the value of this mode of practice. I may mention that this plan of treatment has been tried in the Glasgow Maternity Hospital, and, generally speaking, with good results. I may also state that previous to using the carbolic acid I employed the permanganate of potash, both in private and hospital cases.

Reviews and Book Notices.

The Nomenclature of Diseases. Drawn up by a joint committee appointed by the Royal College of Physicians of London. London: Printed for the Royal College of Physicians. 1869. 1 vol. 8vo. pp. 327.

This new nosology is printed on the right hand page in English, and on the left hand page the synonym for the disease is given in Latin, French, German and Italian. It is undoubtedly the most complete attempt of the kind ever made. The arrangement divides the diseases into General and Local, and adds certain conditions (poisoning and injuries) "not necessarily associated with either general or local disease." The English list was copied with as little deviation as possible from that employed by the Registrar General of England. The discussion of the application of the *Nomenclature* to the purposes of general statistics and practical therapeutics, we cannot at present enter upon.

The New American Farm Book: Originally by R. L. Allen, author of "Diseases of Domestic Animals," and formerly editor of the *American Agriculturalist*. Revised and enlarged by Lewis F. Allen, author of "American Cattle," Editor of the "American Short Horn Herd-Book," etc. 12 mo. pp. 526, New York: Orange, Judd & Co., 1869. Price, $2.50. From Claxton, Remsen & Haffelfinger, No. 807 Market Street.

This book consists of twenty-three chapters on every department of practical agriculture. It is adapted to the use of the practical or amateur farmer. Many physicians are practical farmers, and many others have their "country seats" and cultivate land. To all of these this book will be very useful. The name of the publisher is a guarantee of its excellence.

We have received from the publishers of the Chicago *Tribune* a fine cut of their extensive new building, corner of Madison and Dearborn streets, in that city. It is the finest and best adapted structure of the kind in the western country. The *Tribune* is one of the most widely circulated papers of the northwest—and we dare say one of the best, or it could hardly be so prosperous an enterprise.

——Her Majesty's Consul at Jeddah has reported that, though the concourse of pilgrims at Mecca this year has greatly exceeded last year's numbers, their health has been in all respects good, and the proceedings have terminated satisfactorily.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 21, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

As we are about to reduce our stock of odd back numbers of the REPORTER, in order to make room, it is desirable that all who wish to complete their files should notify us *by the 10th of August*. Bills will be sent with the numbers ordered.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

VALUABLE CONTRIBUTION TO POPULAR MEDICAL LITERATURE.

It is a singular fact that in this country most of the works on medical and hygienic matters have been written by irregular practitioners in order to help on its legs some ism or pathy of their own. The public is really desirous of information about the great questions of life and health. It buys whatever is offered it, and cannot tell of course the tares from the wheat. In fact, as we have said, there has been very little wheat offered it. Scientific physicians do not seem to have taken the pains in this country, as in Germany, to expand sound medical information among the people.

We therefore welcome all the more warmly a work, which under any circumstances would command our praise, advance sheets of which are now before us. The author is Dr. GEORGE H. NAPHEYS, of this city, well known to all the readers of the REPORTER as a constant contributor to its pages for a number of years, a close student of therapeutics, and a pleasing writer. The title of the book is "The Physical Life of Woman; advice to the Maiden, Wife and Mother." It is a complete manual of information for women, in their peculiar conditions and relations, married and single.

The style is simple, agreeable and eminently proper and delicate, conspicuously so when treating of such difficult topics to handle in a popular book, yet so necessary to be handled, as the marital relations of husband and wife, the consummation of marriage, etc.

We do not doubt that this work will find as large a sale both in and out of the profession in this country, as the works of Bock and Klencke in Germany, and of Tilt and Chavasse in England.

AN IMPORTANT CASE IN NAVAL LAW.

Surgeon GREEN, United States Navy, is now on trial in this city for disobedience of orders. Commodore SELFRIDGE ordered him to return a man to duty who in Dr. GREEN'S opinion was physically unfit to be returned; was sick, in other words. He therefore declined to do so, and was court-martialed.

We look with interest for the decision. If commodores, or commanders, or lieutenants, or midshipmen are to be the judges of when a man should be on the sick list and when not, the sooner Congress dispenses with the Bureau of Medicine and Surgery of the United States Navy, the better. If the commander makes the diagnosis, let him do the prescribing too. The only use of the medical staff is for their professional knowledge, and if the conscientious exercise of this is to be denied them, the sooner that is generally understood, the quicker will a much needed reform in that staff take place.

THE SLEEPING GIRL.

Many of our readers must have noticed the account of "A Sleeping Girl" going the rounds of the papers some months since. She was publicly exhibited at Nashville and elsewhere. She died last month at her home near Hickman, Kentucky, the victim, no doubt, of some

cerebral lesion, but just what, we unfortunately do not know, as there was no *post mortem*.

The history of the case is briefly: When about twelve years of age, she was taken with a severe chill, and treated accordingly by her physician. As the fever which followed her chill subsided she fell into a deep sleep, in which condition she has remained ever since except at intervals. It was her custom at first to awake regularly twice in every twenty-four hours, and singularly within a few minutes of the same hours each day, but of later years she awoke much oftener, so much so that many considered it an indication of her final recovery. She would remain awake five, ten or perhaps fifteen minutes, and gradually drop off to sleep again. When asleep it was utterly impossible to arouse her. She never complained of any bodily pain, though when asleep she was very nervous at times, and appeared to suffer considerably by the violent twitching and jerking of her muscles and limbs, and her hands clenched tightly as if enduring severe pain, but when awake she did not appear to suffer, except from a drowsy gaping inclination, and a persistent effort to cleanse her throat of phlegm. She generally passed into sleep through a violent paroxysm, which would last perhaps five minutes, and she would then sleep awhile as calmly and quietly as an infant. Miss Godsey was of medium size, and her limbs and muscles well proportioned and developed.

Such a case is by no means unparalleled, but they are always instructive, and worthy of passing note.

—— AKAZGIA.—This new alkaloid was found by Dr. Frazer, of Edinburgh, in specimens of the Akazga plant, brought from the west coast of Africa, and which he supposed to be a new species of Strychnos. Akazgia is a crystalline alkaloid, closely resembling strychnia, but differing from it by being precipitated by alkaline bicarbonates. Travelers report that the natives of West Africa use Akazga as an ordeal. A supposed sorcerer is compelled to drink an infusion of the bark of this plant and walk over small Akazga sticks. If guilty, he tries in vain to pass the sticks and falls in convulsions, when he is beaten to death by the savages; but if innocent, the kidneys will act freely and the poison is thus eliminated. Dr. Frazer found certain twigs of the so-called Akazga, of different structure, which did not yield the new alkaloid, and it is probable that those natives who have escaped from the ordeal, drank a decoction made from this variety.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 22.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Formulæ Employed in the Diseases of Children.

It is proposed to bring together, under this head, recipes used in affections occurring during infancy and childhood. The art of prescribing for children is an important one. It is highly desirable, in such prescriptions, to avoid bulky and disagreeable combinations. Certain dangerous remedies and doses are also to be guarded against.

J. M. Da Costa, M. D.

192. ℞. Zinci sulphatis, gr. iij.
Pulveris ipecacuanhæ, gr. ij. M.

For one powder, to be repeated every ten minutes, until emesis is produced. Used in the *capillary bronchitis* of children. To be given once or twice a day, morning and evening, to a child three years old, together with the following:

193. ℞. Spts. ætheris nitrosi, ♏ x.
Ammoniæ carbonatis, gr. j.
Syrupi senegæ, ♏ xx.
" tolu, ♏ x.
Aquæ, ♏ xx. M.

For one dose, every third hour. Also, when the child is weak, twenty drops of brandy ter die. Counter irritation over the chest, by means of weak mustard plasters, may be employed.

The most successful treatment of capillary bronchitis in children is that in which both stimulating expectorants and emetics form a part. Children cannot expectorate, and nothing gets rid of the mucous more quickly and effectually than emetics. The only objection to their use is that nearly all emetics are prostrating. Hence, these agents must be given with judgment, and not repeated often enough to produce weakening results.

Meredith Clymer, M. D.

Our author gives the following indications for the treatment of *Cholera Infantum*:

The instant threatening symptoms, purging and vomiting, are to be stopped. Fermentation, and not chymification, is going on in the stomach and duodenum. Hence, small doses of the bisulphites

of soda or potassa, with limed whey, will often act very happily, while the effect of poisonous drugs is always doubtful, and generally positively harmful. Mercury is, at best, negative. Opium and its preparations will be found valuable, if not contra-indicated by cerebral epiphenomena. The effects should be carefully watched. Flannel, wrung out of hot water, and on which laudanum is poured, applied to the spine, will be found useful in checking vomiting. The function of the skin which, in common with all the excreting organs, is inactive, must be excited. This may be done by gentle friction with woollen cloths, or a warm alkaline bath, in which the little patient should not remain longer than three minutes, being then quickly dried and wrapped in flannel. Food, of proper quality and quantity, should be given so soon as the stomach and bowels will tolerate it. Farinaceous articles are entirely inappropriate. Limed milk, to which a little gelatine has been added, or rennet whey, may be given; but in protracted cases, attended with great prostration, and rapid emaciation, the raw meat diet, prepared as recommended by Prof. Trousseau, will be often seized with avidity, and well borne. Lean beef or mutton is first finely hashed, pounded in a mortar to a pulp, and then passed through a fine sieve. The thick concentrated juice thus obtained is nutritious and digestible, and, when salted or otherwise flavored, quite acceptable. Give a half to three quarters of an ounce, in fractional doses the first day. If well borne by the stomach, increase the quantity day by day, until a quarter or half a pound is taken in the course of the twenty-four hours. For the first day or two much of it may pass, hardly changed, from the bowels; but this alone should not occasion its discontinuance. If too long continued, however, the diet is liable to generate tænia. White of eggs, thinned with natural or artificial Selters, Vichy, or weak lime-water, is an excellent drink, to which a few grains of bicarbonate of soda may be added. Tonics and stimulants are often required. Of the former, minute doses of arsenic alone, or combined with quinine, or the chloride of iron, or the pernitrate of iron, or the tincture of nux vomica may be given. Wine-whey, or brandy and water, to which a few drops of the aromatic spirits of ammonia have been added, are the best stimulants. The effect of sending the patient to a cool and mountainous region, is immediate and lasting.

THOMAS HILLIER, M. D., LOND. F. R. C. P., ETC.

In the choice of medicines for children some peculiarities must be specially born in mind. One of these is the great susceptibility of children to the action of opium in its various forms. Such preparations must therefore be carefully watched, and the doses not too rapidly repeated. Calomel is a useful aperient for children, either alone or in combination with Jalapine. It has the advantage of being tasteless, and not bulky, while it is efficacious, and not irritating. As an alterative, and as an antiphlogistic, mercurials have been too frequently employed. In congenetal syphilis, however, grey powder is the most satisfactory remedy; and in membranous croup mercury is often of service. Emetics are of great value in infancy in catarrhal affections of the larynx and bronchi. Ipecacuanha is to be preferred in the great majority of cases. Antimony, given until it causes nausea, is useful in severe cases of croup. Depletion, even by leeches, is scarcely ever required. Blisters are to be avoided on children, from the risk of their causing constitutional irritation and deep ulceration.

194. ℞. Olei ricini, f.ʒij.
Pulveris acaciæ, ʒj.
Tincturæ opii, ♏. viij.
Syrupi, f.ʒij.
Aquæ carui, q. s. ad. f.ʒij. M.

Dose—a teaspoonful for a child six years old. A useful oleagenous mixture in dysenteric diarrhœa.

195. ℞. Acidi gallici, gr. xij.
Tincturæ cinnamomi, f.ʒiss.
F. " opii, ♏. viij.
Aquæ carui, q. s. ad. f.ʒij. M.

Dose—two teaspoonsful for a child two years old, with chronic diarrhœa and irritable stomach.

196. ℞. Ferri et quiniæ citratis, gr. xx.
Syrupi lemonis, f.ʒij.
Aquæ, q. s. ad. f.ʒij. M.

Dose—two teaspoonsful when a chalybeate tonic is indicated.

197. ℞. Sodæ bicarb. exsic. gr. xxiv.
Extracti taraxaci, ʒss.
Syrupi aurantii, f.ʒij.
Infusi columbæ, q. s. ad. f.ʒij. M.

Dose—two teaspoonsful ter die as a tonic and alterative.

PROF. JOSEPH PANCOAST.

198. ℞. Hydrargyri chlorid. mitis, gr. ¾
Pulveris rhei, gr.j.
" zingiberis. gr. ½. M.

For one powder. To be taken by a child three years old, twice a week at night, to remove saburra, and as an alterative.

PROF. J. LEWIS SMITH, New York.

199. ℞. Tinctura opii camphoratæ,
" catechu, aa. fʒij.
Misturæ cretal, fʒj. M.

Dose, one teaspoonful every two to four hours to a child one year old. Our author recommends this as an old but efficient prescription in the *simple diarrhœa of infants.*

200. ℞. Pulveris ipecacuanhæ, gr.j.
" rhei, gr.ij.
Sodæ bicarbonatis, gr. iv–vij. M.

Divide in Chart No. xij. One powder every four to six hours, to an infant one year old. In the *diarrhœa of infants* due to indigestion and attended by acidity. It improves digestion and corrects acidity, and in this manner has a beneficial effect on the diarrhœa, in those cases in which it is appropriate.

201. ℞. Creosoti, gtt. ij.
Aquæ coleis, f℥ij. M.

Dose, one teaspoonful with a teaspoonful of milk, breast milk if the infant nurses, repeated p. r. n., for the *vomiting*, so frequent in the summer epidemics, of intestinal inflammation in the citres. This recipe is much urged in the Nursery and Child's Hospital, of New York city. Or, the following may be administered,

202. ℞. Potassæ bicarbonatis, gr. xxv.
Acidi citrici, gr. xvij.
Aquæ amygdalæ amaræ, f℥j.
Aquæ, f℥ij. M.

Dose, one teaspoonful to a child from eight to twelve months old, repeated according to the nausea or vomiting.

Another anti-emetic, in these cases, though according to our author's experience, inferior to those given above, is the substitute of bismuth :

203. ℞. Bismuthi subrnitratis, ℈j–ij.
Aquæ menthæ piperitæ.
Syrupi zingiberis, aa. f℥j. M.

Dose, one teaspoonful to a child one year old, every hour, if required for the vomiting. The bismuth, aside from its sedative effect upon the stomach, also aids in controlling the diarrhœa.

Correspondence.

DOMESTIC.

The Papacy and the Medical Profession in Rome.

EDS. MED. AND SURG. REPORTER:

In 1862, during a residence of several weeks in Rome, I spent considerable time in investigating its hospitals and other public charities, as well as the condition of the medical profession and modes of practice in that city, some account of which appeared in the columns of a medical journal published in New York. While its hospitals would do honor to any city, for grandeur and appropriateness of structure and completeness of internal arrangements, as well as the kindness and assiduity of the masses, and faithful devotion to duty of their medical attendants, I found no *esprit du corps* in the medical profession, no medical journals, or medical societies, and indeed, very little intercourse among medical men. Medical practice was, probably, about the same as it was one hundred years ago; and, on inquiring further, I found that medical societies were not permitted, or meetings of any professional men, for political reasons; and here I thought I found the cause of the languishing state of medical science in the Papal city. I learn from recent information that on the 7th of May last the medical and surgical practitioners of Rome received a special "circular" from the "Congregation of Health," inclosing a copy of the dispatch addressed by the Cardinal-Vicar to the President of the Board, styled the "Sacra Consulata." The object of this dispatch is to remind the Board, *by order of the Pope*, of the canons which regulate the administration of the Lord's Supper to the sick, and especially to call attention to the "constitution" laid down by Pius V. bearing the title "Super gregem." In this enactment it is ordered "that no physicians or surgeons shall visit a sick person after the third day of his illness, *unless the invalid shall have called in his confessor, or there exists some reasonable ground for making exception.*" This "constitution," it is added, was revived by Benedict XIII. at the council held at Rome in the year 1725, with the additions under Clause XXXII, of the "Poenit." And "in case the physician or surgeon continue his visits after the third day, the sick man not having made his confession in the interim, he shall be visited with the penalty of the major excommunication, or 'Latae Sententiae,' exclusively vested in the Sovereign Pontiff and local bishops, and *may likewise be punished with very severe penalties.*"

I am uncertain whether it is the patient or the physician who is to be punished, but, as I understand it, it is the latter. I may, however, be mistaken.

Such are the rigid proscriptions with which the Cardinal-Vicar requires the medical practitioners in Rome minutely to conform. The Papal press alleges that this revival of an obsolete injunction shows a pious concern for the salvation of souls; but surely it is a great infraction of individual liberty, constituting the medical attendant into an inquisitor, as regards his patient's conscience, and depriving the latter of medical aid should he neglect or decline to confess to a priest! It is this domineering, inquisitorial spirit which characterizes Papal sacerdotalism in Rome, which interferes with the progress of science there, and the enlightened spirit of the age, and which especially depresses and discourages the medical practitioners of that city.

PEEKSKILL, N. Y. L.

Precocious Puberty.

EDS. MEDICAL AND SURICAL REPORTER:

We have a little girl in this region of country who has been under the care of Dr. F. B. Davidson, of Benton, and myself. She began to menstruate regularly at the age of eight years and one month, and is fully developed as a woman. We think it a case of early *development*. Yours truly,

A. T. BRAINDAGE, M. D.

Factoryville, Pa.

——A pharmacy has just been opened at Montpelier, France, by Madame DEUMERGUE, Bachelor in Science. This is the first establishment of the kind in France, under the direction of a woman.

News and Miscellany.

Weight and Height of Men.

Quetelet, who has devoted more attention to physical culture than any other writer, gives the average weight of an adult mail 136.993 pounds, and the average height 5.333 feet.

Dr. Gould, who examined a large number of students in the Junior and Senior classes at Harvard University and Yale College, together with some members of the professional schools, reports their average height 5.666 feet, and average weight 139.700 pounds.

A. Maclaren, who has charge of the Gymnasium connected with the Oxford University, England, reports of the first one hundred names on his book as they arrived at the University, their average height 5.825 feet, and average weight 132.970 pounds.—[Dr. Nathan Allen.

American Medical Missionary in China.

The American Presbyterian Mission has a medical missionary department in Canton and vicinity. It has done a great deal of work the past year, treating 50,636 out-patients and 1,038 in-patients, and has performed 1,038 surgical operations,some of them of great importance. A medical class numbers 12 scholars. It ought to be increased so as to form a large medical school. Will some wealthy American physician give the funds?

Children's Hospital, Boston, Mass.

The Board of Managers of the Children's Hospital have appointed the following named gentlemen as the medical staff: For physicians—Wm. Ingalls, M. D., and Francis B. Greenough, M. D. For Surgeons—Francis H. Brown, M. D., and Samuel W. Langmaid, M. D.

The Opthalmological Society,

Composing the most distinguished oculists in the country, has been holding its annual meeting at the Atlantic House, Newport, R. I. Dr. Henry W. Williams, of Boston, is President of the Society.

——It is proposed to start in New York a popular medical paper, to be issued weekly, and to contain short editorials on some popular medical subject, and answers to all sorts of questions about health and remedies for disease. A well educated physician, and a brilliant young newspaper man are mixed up in the venture. A pleasant prospect for the stockholders!

——The new Lunatic Asylum on Ward's Island, New York harbor, will cost nearly half a million dollars, and will be completed by November of next year.

——It is said that a cheap outer cell for a Daniells battery can be made from a common tin canister by placing it in a solution of sulphate of copper, and putting in the porous cell, zinc and acid as usual, and connecting the zinc with the canister below water mark by a copper wire. After a little the inside of the canister will be coated with copper. It is said to be quite as good as a cell made entirely of copper.

——A lunatic, named William B. Smith, residing at Whitehall, Michigan, recently procured a double-barreled shot-gun, and after threatening several persons, who escaped from him, shot and killed Joshua T. Platt. Smith was arrested.

Army and Navy News.

Surgeon William Johnson, Jr., is ordered to the *Jamestown.*

Surgeon W. K. Vanpriper is ordered to the Naval Hospital at Chelsea, Mass.

Surgeon E. R. Doty is detached from the *Jamestown* and ordered home.

[Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

Schauffler—Haines. August 3d, at the residence of the bride, by Friends' Ceremony, Dr. E. W. Schauffler of Kansas City, Mo., and Miss Martha Haines of Camden co., N. J.

DIED.

Mitchell. At Amherst, Mass., July 27th, Dr. F. A. Mitchell, aged 80 years.

M'Munn. At Port Jervis, N. Y., Aug. 5, after a lingering illness, Dr. John B. M'Munn, in the 69th year of his age.

Perley. July 28th, in Lebanon, N. H. Harvie S., only child of Dr. I. N. and Kate E. Perley, aged 11 months 10 days.

Pitney. At Absecom, N. J., August 7th, Jonathan Pitney, M. D., in the 76th year of his age.

Streeter. At Boston Highlands, Mass., July 30th, J. Bentley Streeter, 20 yrs. 9 mos., eldest son of Julia F. and Dr. J. H. Streeter.

Swett. At Bonn, Germany, George Woodbury Swett, M. D., of Jamaica Plain, Mass. 26.

OBITUARY.

Hayden.

Dr. J. C. Hayden, a well known and esteemed physician, died of apoplexy at his residence in Cambridge, Mass., Friday night, July 30, at the age of about seventy years. He was a graduate of Harvard College in the class of 1820. Most of his life was passed in Boston, but a few years ago he removed to Cambridge. He was out as usual the day before, and visited a patient. His death was instantaneous, as he fell while attempting to light the gas. He was a gentleman of high personal and professional character, and was universally beloved by all who knew him.

THE

MEDICAL AND SURGICAL REPORTER.

No. 652.] PHILADELPHIA, AUGUST 28, 1869. [Vol. XXI.—No. 9.

Original Department.

Communications.

REMARKS ON DR. ROSENWASSER'S CASE OF CARBUNCLE.

By John Stainback Wilson, M. D.,
Of Houston, Texas.

In the Reporter for June 19, I notice a "fatal case of carbuncle," contributed by Dr. M. Rosenwasser, of Cleveland, Ohio. In commenting on the treatment he says: "I will but mention the reproach made by non-professional individuals that I have cut too early." He then remarks that this course of treatment "is justified by the greatest surgical authorities." Certainly it is; and not by these only, but by reason, common sense, and accumulated experience. Therefore no defence is needed before the bar of the profession; and as to carping of non-professional and unreasoning ignorance, Dr. Rosenwasser must indeed be quite young in the profession if he suffers these to disturb his equanimity.

Yet I must say, with all due respect, that I consider his treatment obnoxious to *professional* criticism; not on account of excessive activity and cutting too early, but for want of sufficient activity, and through neglect of a very important means, which Dr. Rosenwasser seems to regard as a substitute for, rather than as a necessary accompaniment of incisions.

This inference is plain from his concluding remark, for he says: "Whether the patient would have recovered if any expectant treatment had been pursued, or whether cauterization would have been preferable to incision, cannot be decided." Surely the propriety of a negative expectant treatment in carbuncle cannot for a moment be entertained. And the propriety—the *indispensable necessity* of early, free, and *repeated* incisions, is placed beyond dispute by the most ample experience, founded on the pathological condition of the parts, which, having to a great extent lost their vitality, are foreign—a source of pain and irritation, and, therefore, to be removed as speedily as possible by knife and caustic.

But these must go together. The one is no substitute for the other. Free incisions will silence the pain and tension, while the insertion of caustic potash into the incisions will cause disintegration in the brawny devitalized tissue, causing it to slough out, leaving the parts beneath in a healthy granulating condition. Moreover, the caustic potash is a most potent *anodyne*, allaying, and to a great extent removing that peculiar burning pain, which is an invariable companion of the disease, and which is generally rebellious to every other remedy.

How the great English surgeon, Paget, can speak so doubtfully of incisions, I cannot see. I can only account for it by supposing that he had his mind directed to the influence of incisions alone, unaccompanied by the powerful auxiliary cauterization.

The experience of the profession will hardly sustain Mr. Paget in the declaration that "carbuncles will spread, after cutting, in as large a proportion of cases as they will spread in without cutting." And I feel sure that his proposition will be almost universally denied, if cauterization accompany the knife, as it should in all cases.

There may be more truth in the proposition, "Cut as you may, you cannot always put aside the extreme pain that a carbuncle sometimes has, even to its later time."

This may be true of cutting, *per se*, but my experience teaches me that cutting *with cauter-*

ization will subdue the pain, and in the great majority of cases stop the spread of the disease. In this, I think, I am sustained by the verdict of the great body of the profession.

Many cases might be adduced as examples of the success of this treatment, but a brief sketch of one will suffice.

Case.—Mrs. B., aged 55, very obese, weighing some 200 pounds; had been under the treatment of a timid superannuated practitioner for ten days, when I was called to her. Her attendant had done little or nothing for her. I found her with a carbuncle occupying the same situation, and presenting much the same appearance as those so well described by Dr. Rosenwasser in the case under review. But the tumor in my case was much more extensive, reaching from the occipital protuberance well down on the neck, and spreading laterally from one mastoid process to the other.

The parts around were œdematous, and of a livid erysipelatous redness.

On account of the advanced stage of the disease, I could not promise myself my usual success in checking it by a single operation, as I have always done in previous cases. But I felt satisfied that the knife and caustic were the *magna remedia*, the only reliance for checking the disease, giving ease, and saving the life of the patient. A free, crucial incision was therefore made throughout the whole extent of the tumor, and the gaping cuts of the knife were filled with caustic potash. The edges of the tumor were circumscribed with strong iodine paint. This treatment gave great relief to the pain; but, as I feared, failed to stop the spread of the disease, so much had the surrounding tissues become involved from its long continuance. Without going into tedious details, it may be sufficient to state that other incisions were made between the first, from time to time, numbering in all six or eight; and finally the whole tumor was circumscribed by a circular incision near its borders, the potash being used, as before, after each operation. This checked the spread of the tumor, but not until it had attained the enormous dimensions of eleven inches longitudinally, and five inches transversely. No poultices were used, except immediately after the caustic. The dressing consisted of cloths wet in warm water. The tumor being almost insensible, the rule in cutting was to carry the knife down till she complained of pain.

The constitutional treatment may be embraced in a few words—light, nourishing diet, quinine, sulphate of magnesia, tincture of chloride of iron, and an occasional opiate at night. The patient had a steady and good recovery after the spead of the disease was arrested, by the active and *repeated* remedies indicated; but of course it took a long time for such an immense breach to fill up with granulations; and the rigid cicatrix which stood out on the back of the neck like a broad fin, made the lady appear rather stiff-necked for an humble Christian.

As intimated, this is the only case I have had where a single operation with knife and caustic failed to ease the pain and put an effectual check to the extension of the disease. But when I consider the negative expectant treatment before I saw the patient, the consequent extent of the tumor, and the involvement of surrounding tissues, I can but think it a great triumph of the treatment to check its ravages and save a life which must inevitably have been sacrificed under any treatment less heroic.

In conclusion, let me most respectfully suggest to Dr. Rosenwasser the propriety of reconsidering his declaration—"I shall in future be very reluctant in advocating incisions in carbuncles, even though they be harmless, so long as they are productive of no good."

Surely the teachings of experience cannot be utterly fallacious in things patent to the observation of all. And if experience has demonstrated one fact beyond all controversy, it does seem to me it is the value of incisions and caustic potash in staying the progress of a carbuncle. It is far from being established that incisions alone "are productive of no good;" while, as just intimated, if there is anything true in medicine or surgery, it is that knife and caustic are *the* remedies in carbuncle.

PHYTOLACCA DECANDRA—ITS USE IN THE TREATMENT OF CANCER.

By O. Crook, M. D.,

Of Dayton, Ohio.

The poke root is known as an indigenous plant, growing abundantly in all parts of the United States. Its medical properties are described as emetic, cathartic, alterative diuretic, and somewhat narcotic. It has obtained some reputation, and is occasionally used by the profession as a remedy in rheumatism, and as an alterative in scrofulous affections. It had at one time obtained considerable reputation as a local application in the treatment of can-

cer, and probably in some cases was attended with beneficial results, not from any specific effects that it possessed when used in this way, but from its stimulating and almost escharotic powers, producing an alteration in the ulcer which favored its healing.

In presenting to the profession the use of the Phytolacca, administered internally as a valuable, and, in many cases, a successful remedy in the treatment of cancer; I am aware of the prejudice that I will encounter in the minds of many who regard the disease as incurable, or at least only a subject for excision, or the use of escharotics. This too generally accepted view by the profession, of the nature of cancer, viz.: That it is a disease primarily local in its character, and that the subsequent constitutional disturbance is induced by the absorbtion of the cancerous matter into the blood, and the spread of the local disease through the system generally, has led to the abandonment of a majority of cancer patients to the treatment of charlatans and quacks, or to the sure ravages of the destroyer, without much effort to arrest its progress.

But when we come to regard the cancer development as a constitutional disease, which it unquestionably is, and depending upon a previous depraved condition of the blood, and, in most cases, hereditary in its character, the use of efficient and active remedies given internally will be apparent; and with this more expanded view of the local trouble, our treatment will be more rational, and consequently much more successful.

T. Wheedon Cooke, in his late able treatise on the subject of cancer (a book which every physician should read), has succeeded in bringing to the notice of the profession, arguments, sustained by facts and statistics, which conclusively prove the constitutional character of the disease, and that—"There is in truth a constitutional cancerous diathesis as there is a constitutional tubercular diathesis, and there are strong grounds for believing that these two depraved conditions of the system have a more intimate relationship than is generally supposed."

I have in my possession statistics, obtained in several years practice in the treatment of cancer, phthisis and scrofula, sufficient, I think, to satisfy the most incredulous that cancer and tuberculosis are all of one and the same family, differing only under different circumstances, in their development.

Taking this view of the origin of the cancer development, I have relied more upon the constitutional than upon the local treatment of the disease, and influenced by circumstances not necessary here to narrate, was led several years ago to the use of the tincture of Phytolacca, and which has been accompanied with a success that has exceeded my most sanguine expectations, and which has led me now to regard cancer, phthisis, and scrofula, as curable diseases when properly treated in their first stages. But if the treatment is deferred until the lymphatic system becomes extensively affected, and general cachexy induced, it would be idle to offer any hope to the patient, or to expect that any remedy would be of avail.

I am, therefore, an advocate of early treatment in all cancerous and tubercular diseases, and that it should on no account be delayed, but commenced as soon as any of the characteristic symptoms of either form of the disease develop themselves, and I am persuaded from what I have witnessed in my own practice, that we may then undertake the treatment with a reasonable hope of a successful result.

With the steady and persistent administration of the Poke root, in the first stages of cancer, I have in many cases seen the tumor absorbed, and a cure effected, without a resort to the use of the knife, or escharotics. And also when it has been administered on the appearance of the first symptoms of phthisis and scrofula; and in families where the disease was known to be hereditary, I have witnessed a gradual improvement of the health of the patient—an abatement of the disease, and in a number of instances a final restoration to health.

Much difference of opinion exists as to the best means to be used for the removal of the Cancer tumor, and also as to the proper time for its removal. A majority of physicians, regarding the tumor as a local affection, have been content with its removal by excision, as affording the shortest way of getting rid of the offending mass, with the least suffering to the patient; and sometimes flatter themselves that with the healing of the wound their work is done, and the patient cured.

Others prefer the use of escharotics, such as arsenical and zinc paste, etc. This last process, although much slower, and more painful in its operation, it is argued, affords a better prospect of permanent cure than the use of the knife, or at least gives to the patient

greater security against the early return of the tumor.

In my own practice I have usually given preference to the use of escharotics, and fully agree with the views of Dr. Langston Parker, "That the liability of a return of the Cancerous tumor is much less when removed by caustics, than when removed by the knife," but as will be seen in the report of the case appended, I have not been partial to either mode, and have used the one or the other, as seemed to be specifically indicated at the time. I have obtained very favorable results from the use of injections of the tumor, with Tinct. Iodine, from five drops to a drachm, and the subsequent application of the pulverized or grated Poke root, in the form of poultice, intermitted with the use of emollient poultices of carrots, or bread and milk, and would now have more confidence in a successful result from these means, than through any other local treatment. I have not favored healing the wound quickly, when once opened by artificial means, but have rather encouraged the suppuration of the tumor, regarding it as salutary—as furnishing a drain for the elimination of the cancerous matter from the blood, and in the end securing a more permanent cure. With my present experience, I now, as soon as I ascertained that the Tinct. Phytolacca administered for a sufficient length of time, is not followed by a reduction and absorption of the tumor, would attack the tumor with the Iodine injections, or escharotics, with the view of getting up a discharge early—while the system has the power to withstand the drain, before the cancerous cachexy has been induced, and the debility consequent upon this stage. When the cancer has been allowed to progress until spontaneous suppuration has taken place, I regard it as having passed the curative period, and am content to "let it alone."

My method of preparing and using the Poke root, is as follows:

℞ Phytolaccæ Radicis, ℥ij.
Alcohol dilute, or pure whisky, 1 pint.
Let it stand 14 days and filter.

Of this the patient may take, after eating, from fifteen drops to a tablespoonful, as will be borne by the stomach. When first commencing with the medicine, the minimum dose will sometimes produce nausea and vomiting, but after its use for a time the stomach will tolerate it, when the maximum dose may be taken without any unpleasant effects. I have derived the most benefit from its use when pushed until its emetic effect is produced, and then continue at the dose that the stomach would bear without excessive nausea. I have also, during the administration of the medicine, frequently found benefit from the occasional use of a small dose of calomel or blue pill—say once or twice a week.

The effects of the medicine will generally be apparent in the space of two weeks—first in relieving the pain so significant of cancer, and in arresting the growth of the tumor, its subsequent softening and absorption, and in the general improvement of the health of the patient.

If after administering the medicine for a few weeks, its beneficial effects are not manifest, it will be well to desist for a short time, and then commence again as at first, when better effects will be produced.

We will not expect, in the treatment of the disease we are now considering, that we will obtain by the use of any medicine, the speedy effects that we sometimes observe, in the treatment of other diseases, and being thus disappointed, be ready to condemn the remedy and cast it aside as worthless. It will only be by the patient and persevering use of the medicine that its good effects will be made known, and our patients obtain the benefits of the treatment.

In the cases appended I have reported them more in detail than I should have done, had I not feared that for the want of confidence, or the lack of the "gift of perseverance" on the part of the physician, and the patient in some instances, the medicine would be rejected without giving it a fair trial.

I have only reported a few of the most prominent cases of Cancer, leaving out of the report any cases of Phthisis, Scrofula, Hip Joints and Skin Diseases, as well as Syphilis, and other diseases, depending upon the depraved condition of the blood, in which I have also used the Phytolacca with marked degree of benefit.

Case 1. Mr. Jacob Wentz came to me September 16, 1858, with cancer on his lower lip, which had been burnt out by means of caustics nine months before, and had returned. The cancer involved all of the lower lip, from angle to angle. I removed at once the greater portion with the knife, but had to leave a portion of the hard substance, so that I could draw the cut parts together. It healed kindly, but after healing there still remained some

hardness. It commenced growing again and became very painful. I then gave him the Pytholacca internally, in doses as above, for five months, at the end of which time the hardness had entirely disappeared. He is now well, and has been so for ten years, with no sign of the disease returning.

Case 2. Mr. Thomas Brown came to me in the Spring of 1859, with epithelial cancer on right cheek, situated just below the inner angle of the eye. It had been of ten years standing, in which time he had tried different remedies, as used by cancer doctors, and had it burnt out by caustics several times, but it always returned to plague him again. I put him upon the Tinct. Phytolaccæ—tablespoonful doses—three times a day, after meals, and continued this treatment for two months, in which time the cancer disappeared, the skin healed up without any local treatment whatever, and he still continues well.

Case 3.—Mr. A. Pugsley came to me in January, 1859, with epithelial cancer on the left cheek, about the size of a half dollar, raised in the centre and growing very fast. His general health was bad, skin sallow, the appetite poor, and very much reduced in strength. I gave him the tincture Phytolacca, which he continued to take for nine months. During this time his general health became good, but there was not much change in the size of the tumor. At times it would get smaller, and again resume its original size. In the fall of 1859 he was gathering apples, when an apple fell from the tree and struck the cancer, knocking off about one-half. It had a spongy appearance, and showed symptoms of healing, when one came along professing to cure cancer, and burned out with caustic what was left of the tumor. Mr. Pugsley had a brother who died with cancer on the left cheek, at the same age that he then was—55 years.

I did not use caustic upon the tumor from the fact that I was satisfied from the symptoms that a persevering use of the poke root would cure him, and he also objected at the time to the use of caustics, as he said his brother had had his burned, and died soon afterward.

This I regarded as a satisfactory triumph of medicine over a case which was unquestionably hereditary. Mr. Pugsley still lives in the vicinity of Dayton, and has no reappearance of his cancer.

Case 4.—Mr. David Bowen came to me in the winter of 1860 with epithelial cancer on the left cheek, about the size of half dollar, with small spots of cancerous nature upon his right cheek, and upon his nose. The tumor on the cheek had been burned out three times with arsenical paste before I saw him, but had returned each time in a few weeks, larger than before. I gave him tincture Phytolacca for four months, without much change in the size of the tumor. He became discouraged, and wished it burnt out again. I cut it out in April, 1861, and found it spongy, with all of the arteries leading to it very much enlarged. I brought the parts together; they healed by the first intention, since which time there has been no reappearance of the cancer, and his general health is good.

He continued to take the Phytolacca for several months after the removal of the tumor, and until I was satisfied that there was no further danger of a return of the cancer. This course I have adopted, and would recommend in the treatment of all cancer patients.

Case 5.—Mrs. B., wife of a minister, was afflicted with scirrhous cancer of the left breast for eighteen months before I saw her. She came to me in October, 1860. At that time the tumor was the size of a hen's egg, situated above the nipple—nipple drawn in, and attended with sharp lancinating pains. Her age was forty-five years, with menstruation regular, and she could assign no cause for the cancer in any way. She has now a sister, aged forty-three years, affected with scirrhus of the liver, whose health was good at that time. She commenced taking the tincture Phytolacca, and in two weeks time the pains, which were frequent and severe before, had entirely left her, and she felt no particular inconvenience from the cancer, and went about her work as usual. She continued the use of the medicine until about the middle of December, when she came to me complaining that her breast was gathering, or inflaming. It presented the appearance as if it contained pus, and on the fifth of January, 1861, I opened it with the lance, and evacuated about four ounces of an oily, yellow, flaky substance of the consistence of the white of an egg. I then ordered her to poultice with poke root and emollient poultices, which she continued to do for about three months, during which time, with occasional intervals, it continued to discharge a substance similar as at first, after which time it gradually healed up. She has now ceased menstruating, the breast is healed

almost without a scar, and her health is good.

Case 6.—Mrs. C., aged forty-two, had scirrhous cancer of the left breast above the nipple, which had been growing for about twelve months before her visit to me. The tumor then was the size of a hen's egg, very hard, and attended with sharp lancinating pains. Mrs. C.'s mother had died at the age of forty-two, of cancer of the uterus.

I gave to her the tincture Phytolacca, which she continued to take for some time, with improvement of her general health, and without suffering much inconvenience from the cancer.

She came to me on the 17th of September and complained that the breast had gathered. I opened it, when it discharged about two ounces of the same oily, flaky substance as in Mrs. B.'s case. It continued to discharge at intervals for five months, during all of which time she took the medicine. At her menstrual periods the discharge would be very much increased, and the interval would again nearly cease. This continued for seven months, when the wound entirely healed. She is now well, with no sign of the disease returning.

Case 7.—Mrs. E. C., aet. 45, came to me in May, 1865, with cancer in the left breast, above the nipple. The nipple was contracted; tumor, hard and irregular, and had been growing since 1863, and attended with the usual sharp and lancinating pains. Her menstruation was regular, and her general health tolerably good. I gave her the tincture Phytolacca, which she continued to use until June, 1866, without much change in the size of tumor, although she was free from the pain, after using the medicine two weeks. I also applied to the tumor the poke root poultice, without having much effect. I then determined to attempt to bring about the same condition that nature, with the use of the medicine, had brought about in cases 5 and 6, and accordingly on the third day of June, 1866, I injected the tumor with tincture of Iodine, entering the needle in two places, on each side of the tumor, moving the needle about in the cancer, and injecting as much of the fluid as possible. When I inserted the needle it felt like entering an India-rubber ball, and I had to withdraw the needle nearly to the surface, then inject and change the direction, and inject again, until the operation was completed. June the fifth I repeated the operation. This was followed by a high state of inflammation in the tumor, without seeming to affect the skin. I let it alone until the tenth day, when it appeared soft, as though it contained pus. I lanced it, when it discharged healthy pus that had been secreted from the surrounding tissues. The opening continued to grow larger, and on the twentieth day I took a look and pulled the entire cancer out.

It presented a black and dead appearance, but still somewhat solid. I ordered carrot and bread and milk poultice, which was continued for three months, the opening at this time discharging a yellow greasy fluid. It continued to discharge at intervals until Feb. 1867, when it ceased, and the wound healed. The last time that I saw her, Nov. 4, her health was good, and no sign of the cancer returning.

Case 8. Mr. H. came to me in August, 1867, with cancer on his lower lip, which had been cauterized five times before I saw him. The tumor was discharging, and marked with hardness three fourths of an inch around the opening. I gave him the usual medicine, and on the 2d day of September, I injected the tumor with tinct. iodine, and again on the sixth of October. This was followed with emollient poultices, under the use of which the wound healed without any scar. His health is now good.

I have used the iodine injections in several other cases not related here, and would confidently recommend its use in all scirrhous tumors of the breast or external parts, as I have not found it attended with any unpleasant effects. I have injected from five to ninety drops, according to the size of the tumor, and repeated the operation every other day, until a high state of inflammation was obtained in the tumor, which would soon after be followed with suppuration, by the use of the poultice above recommended. The results following this treatment have been to me more satisfactory since its adoption, than any previously obtained by the use of the knife or escharotics.

If any further testimony were needed to induce your readers to prove the effects of the long neglected yet valuable Phytolacca, I might refer them to many authorities, setting forth its value as an alterative.

Dr. Coe, in his work entitled, "Concentrated Organic Medicines," says: "In Phytolacca, we have one of the most decided and efficient alteratives embraced in the range of materia medica. It is not a remedy of doubtful powers, but uniform, certain and reliable in its actions. In all conditions of chronic diseases, wherein there is tardiness of action on the

part of the exhaling, absorbing, secreting or eliminating vessels, or a viscid and plastic condition of the blood and fluids, the phytolacca will be the most efficient, as well as the safest, remedy that can be brought to bear. It will prove a certain, safe and effectual resolvent and alterative, manifesting the influence throughout the entire glandular system." In referring to its use in carcinomatous affections, he says: "It is undoubtedly as efficient an alterative as can be safely employed in that disease."

The narcotic effects of the Phytolacca are sometimes surprising in the relief afforded in the severe nocturnal pain attending tertiary syphilis, and in hip joint disease, morbus coxarius. Its sedative effects in these cases, in quieting the nervous excitement and producing sleep, being much more efficacious than opium.

The Phytolacca may now be obtained, prepared by our Pharmaceutists, in the form of the "fluid extract," and also the solid extract known as "phytolacin." In either form it may be found to be equally as effectual as in the ormula recommended above by me.

COMPOUND COMMINUTED FRACTURE OF FEMUR.

By Dr. H. L. W. Burritt,

Of Bridgeport, Ct.

Mr. A. S., age 48, stout healthy German. May, 1866, fell, from the roof of a house by the slipping of a ladder, on to an adjoining roof—about 12 feet. The right leg being caught in the round of the ladder, the femur was fractured longitudinally and transversely; lower fracture two and a half inches above the outer condyle of the femur; the upper two inches higher. A fissure appeared to extend between the two fractures, and a piece of bone, nearly square at the point, was projected outside (about an inch in length, and one-half inch in width) external, opposite the lower outer fracture.

I saw the man immediately after the accident, who was suffering great pain and shock to the nervous system, and had taken stimulants freely. Chloroform was given, and after much effort and extension the bone was returned as near as could be to its place—the muscles drawn over it and held firm as possible by adhesive strips, and the whole surrounding surface covered by an air-tight composition of paste of flour, whites of egg, and sugar of lead. The limb was then placed in a narrow fracture-box, extending to the trochanter, and padded on the sides; adhesive strips carried insde and outside of the lower leg were brought around a narrow strip of the pasteboard and on the bottom of the foot, forming loops, and connecting with a pulley on an upright board fastened to the foot of the bed. Weight of two small bricks for extension. Elevation of box 36 degrees. The only restraint was a broad strap padded over the groin and the knee, fastening the leg loosely in the box—muriate ammoniæ ℥j., diluted alcohol Oij. kept on the limb for a month; some dropsy of both limbs, and more or less constitutional disturbance, but the flesh united by first intention there was not a doubt of suppuration at the external wound, when within a week the plasters were removed.

Treatment—more or less stimulants, keeping up the man's usual habit—quinine grs. x, Fowler's solution, gtts. xv; fluid ext. Buchu, ℥ij, in divided doses daily, for some two months; animal food as desired. Man able to go on crutches in about three months; now, at three years or more from the injury, he walks freely, with a slight limp, by using cork soles; shortening two inches; leg enlarged (and a firm bone felt, rounded at the point of protusion), but strong, giving a clumsy, but useful limb. The peculiar features are that owing to the injury to the soft parts, and great comminution of bone (five pieces at least being detected) it was a question to Dr. A. Bennet, who saw the case with me, whether to amputate or not; he favoring amputation, and the readiness by which healing the external wound, without suppuration, it was converted from a compound to a simple fracture, and treated on a plain rough box bedstead (made in twenty minutes), and in a box splint without the least bandage or restraint, a common bed pan being used for all services.

Salt, taken in moderate quantities, has not only been supposed a prophylactic against cholera, but it has also been stated the disease seldom visits localities where the earth and water are impregnated with this substance. In the department of Meurthe, in France, there are places (Chateau Salicis and Dienge) where this condition prevails, and in which cholera has not occurred, although present in neighboring districts. But, unfortunately for this theory, the disease has prevailed in the salt districts of Marwar to as great an extent as in any other portion of the province.

Editorial Department.

Periscope.

Cases of Skin Disease.

Dr. M'Call Anderson sends the following cases to the *Glasgow Medical Journal*:*

Case 1. *Eczema of Hands treated by means of India-Rubber Gloves.*—Allan M'A., aged 40, hatter, was admitted to the Glasgow Skin Dispensary, December 23, 1868.

He says that the disease appeared for the first time about three years ago, somewhat in the following manner and order:—He first noticed a large number of small "*blisters*," about the size of pin heads; these, after remaining a short time, burst, discharging their contents, and leaving a raw surface, which was extremely itchy and "*leeted*" very much. It appeared first on the dorsal surface of the right hand, then on the sides of the fingers, and lastly on the dorsal surfaces of the fingers. Shortly after this, the eruption made its appearance on the left hand in exactly the same order. After remaining a considerable time, the eruption disappeared under medical treatment.

The present attack commenced some six or eight weeks ago, appearing in the same manner and order as before; in addition to its previous sites, it attacked the palmer surfaces of the fingers.

Present appearances.—On the left hand the eruption extends over the whole of the dorsal surfaces and sides of the fingers, and the dorsal surface of the hand; the skin of these portions of the hand is considerably infiltrated and covered with a serous exudation, whilst scattered over the whole of the diseased surfaces are numerous minute excorations. The right hand presents similar appearances, with this addition, that on the dorsal surface of this hand there exist much greater infiltration of the skin.

The eruption is at present extending rapidly, and is extremely itchy. Patient's general health is good.

Ordered to procure a pair of India-rubber gloves, and to wear them constantly for fortnight.

6th January, 1869.—The eruption in most parts has completely disappeared, with the exception of a faint reddish tint of the skin. Continue use of gloves for another fortnight.

The patient did not return to the Dispensary.

Case 2. *Erythema Papulatum (E. lividum of Dr. Anderson) treated with India-Rubber Gloves.*—Catharine M'F., aged 40, domestic servant, was admitted at the Glasgow Skin Dispensary, March 15, 1869. The patient states that the disease first made its appearance in February, 1868, on the arms, face, and hands. The appearance of the eruption was always preceded by an almost unbearable burning and somewhat itching sensation, shortly after which the part assumed a red tint, which rapidly became livid.

The present eruption made its appearance about one month ago, and is, this time, wholly confined to the hands.

Present appearances.—Right hand—On the dorsal surface of the thumb, two livid patches about the size of fourpenny pieces are seen; on the dorsal surface of the forefinger, two spots also possessing a livid hue, but not quite so large as those on the thumb; whilst scattered over the dorsal surface of the remaining fingers are a few spots possessing the same characters, but not larger than a pea. The skin of these parts is, to a certain extent, infiltrated. The livid colour disappears temporarily on pressure.

Left hand—The dorsal surfaces of the fingers of this hand present much the same appearances as those of the right hand, with these additions, that here the disease is much more extensive, the skin being very much infiltrated, and in many parts fissured. Patient thinks at present the eruption is extending.

She was ordered to procure a pair of India-rubber gloves, to wear them constantly for a fortnight.

29th March, 1869.—Almost cured. Continue.

This patient did not return.

Case 3. *Psoriasis Palmaris treated with India-Rubber Gloves.*—Mrs. M., aged 45, monthly nurse, was admitted at the Glasgow Skin Dispensary, August 12th, 1868.

She states that the disease appeared about nine years ago, since which time she has hardly ever been free from it. It commenced as a small crack in the

* Dr. Anderson is at present engaged in the investigation of the virtues of certain new remedies in the treatment of diseases of the skin, and amongst others, of carbolic acid administered internally, and of coverings of vulcanized India-rubber, and India-rubber cloth. He has a very high opinion of the value of both in appropriate cases, but he has not yet tested them sufficiently to enable him to state with precision the exact limits of their usefulness. Meantime, he has published the following cases out of many which have been treated with a similar result.

centre of the palm of the right hand, and gradually the whole of the palm became affected.

Present appearance.—The whole of the palmar surface of the right hand is covered with minute silvery points, about the size of pin heads; these patient states, are always dry, and not in the slightest degree itchy. Traversing the whole of the palmar surface of the hand are numerous fissures.

The eruption is at present increasing, according to patient's statement.

℞. Magnesiæ sulphatis, ℥iij.
Acidi sulphurici dil., ℥ij.
Syrupi zingiberis, ℥iij.
Infusi gentianæ comp. ad, ℥xxiv. M.

Signa.—"One tablespoonful in a wine-glassful of water, three times a day, after meals."

℞. Tincturæ saponis viridis cum pice, ℥iij.

Signa.—"Rub very firmly into the eruption at night, and wash off in the morning."

7*th December*, 1868.—Eruption improved, but unable to take medicine regularly, on account of her occupation; therefore, ordered to discontinue previous treatment, and procure an India-rubber glove, to wear it constantly for a fortnight.

23*d*.—Eruption now almost entirely away.

6*th January*, 1869.—Tendency to a little irritation on the sides of the fingers, owing to the maceration of the epidermis, as the result of the continued use of the glove.

11*th*.—Irritation continues, therefore discontinue use of glove, and apply to the irritated parts a little benzoated zinc ointment.

8*th February*.—Artificial irritation has subsided, and primary eruption remains in abeyance, notwithstanding the cessation of the use of the glove. Dismissed cured.

Case 4. *Psoriasis Treatment by Carbolic Acid.*—Lillias C., aged 13, school girl, was admitted at the Glasgow Skin Dispensary, Feb. 15th, 1869, complaining of an eruption on elbows and knees.

Patient states that the disease appeared about four months ago on her elbows, and had lately attacked her knees.

Extent and appearance of Eruption.—On the left elbow and extensor surfaces of the arm and forearm are situated a great number of scaly spots, possessing somewhat of a reddish tint, whilst thickly interspersed amongst them are a great number of minute white points. The right arm and forearm present exactly the same appearances. On the right thigh and leg, principally on its outer and anterior surfaces, and also on the knees are numerous thickly set spots, varying in size, but for the most part as large as threepenny pieces, which are composed of patches of a reddish tint, covered with silvery scales. The left thigh and leg presents the same appearances; but, in addition, the buttock of this side is covered with reddish spots. Patient states that the eruption is increasing rapidily at present, and also that at times, it is very itchy. Her general health is good.

℞. Acidi carbolici cryst. ℥iss.
Glycerini, q. s.
Aquæ destillatæ, ℥vj. M.

Signa.—"A teaspoonful in a wine-glass of water, three times a day, on an empty stomach."

1*st March*, 1869.—Has had no medicine for the last five days. A few new spots made their appearance after the medicine commenced; but, eruption, on the whole, decidedly improved, although there has been a falling off since medicine stopped.

15*th March*, 1869.—No improvement; gradually double the dose.

29*th March*, 1869.—Very great improvement since the dose doubled, scales falling off, and redness rapidly diminishing.

This patient has not returned.

Case 5. *Psoriasis treated with Carbolic Acid.*—Agnes L., aged 15, factory girl, was admitted at the Glasgow Skin Dispensary on December 14, 1868.

Patient's mother states that the disease first made its appearance about 6 years ago, immediately after the cessation of an attack of scarlet fever; she forgets in what order it appeared, but it gradually increased, until the whole body had become affected, when she sought for medical advice and got her cured. The present attack commenced about one month ago, appearing first on the elbows and lastly on the knees.

Present appearances.—On the right elbow a round patch, covered with silvery scales, of about the size of a florin piece, is seen; whilst scattered over the forearm are small spots possessing the same characters, and which vary in size from a pin's head to that of a pea. On the left elbow a patch about three inches long and half-an-inch broad, also composed of typical silvery scales, is seen, whilst scattered over the whole of this forearm are numerous small spots exactly similar to those found on the right forearm.

On the right knee there is found a patch covered with white scales, of about the size of a half-crown, whilst scattered over the whole of the leg are numberless spots, also composed of white scales; but here the spots are, on an average, the size of a pea.

On the left knee and leg are found exactly the same appearance.

The eruption is at present increasing rapidly, and is very itchy.

Her general health is good.

℞. Acidi carbolici cryst., . . gr. lxxij.
Aquæ destillatæ, . . . ℥xxiv. Solve.

Signa.—"A tablespoonful in a wine-glassful of water three times a day, on an empty stomach."

As her sister, Ann, aged 17, was reported to have the same disease, and her general health to be good, she was ordered to take the same medicine, and to appear at the Dispensary the following week.

28*th December*, 1868.—In both the above cases the spots came out more rapidly for the first week, but none since, and the old spots and patches are beginning to disappear.

11*th January*, 1869.—Improvement very marked, especially in Agnes.

8*th February*.—Very great improvement in the case of Agnes since her last visit; improvement decided in the case of Ann, although not so marked, therefore, let Ann increase the dose to a tablespoonful and a half.

17th *March*.—Agnes all but cured. Ann very greatly better, and disease progressing rapidly towards a cure under the increased dose.

These patients have not returned.

Parasiticides.

Dr. H. S. PURDON has these remarks in the *Press and Circular*, in reference to parasiticides:

By way of preface, the following observation of Kuchenmeister is here reported, viz: "Acetate of copper and other strong local remedies irritate the skin too much and accelerate the growth of the fungus enormously." The only exception to which the above rule does not apply is in the case of blisters. Parasiticides may be divided into those derived from the vegetable, animal, and mineral kingdoms; but, without going deeply into the subject, it may be briefly stated that the most valuable obtained from the first are iodine, creosote, carbolic acid, and acetic acid. The last three check the development of spores; creosote, according to M. Bechamp, although it allows the mycelium to form, prevents the spores from germinating. I have recently tried a colourless tincture of iodine containing carbolic acid, made by Mr. Evans, State Apothecary, Dublin, and think that if made stronger it will prove a valuable application in time. Paraffine, turpentine, oil of cade, &c., are of inferior value to the above. From the second the only remedy of use is cantharides, which, when used in the form of the linimint of the British Pharmacopœia, quickly cuts short the disease, especially tinea tonsurans, circinata, and alopecia acuta; it likewise stimulates the affected skin to take on a more healthy action. From the mineral kingdom we have mercury, especially the bichloride, chromate, nitrate, and white precipitate, sulphur, borax, etc. The first has a well-earned reputation, and the chromate of murcury I am at present trying in tinea vesicolor, and some other forms of vegetable parasitic diseases; an objection to its use is that it does not mix with water,—indeed, it is insoluble in any fluid, but may be used as an ointment. I have added glycerine and rectified spirit, so as to endeavor to suspend it in solution, but without success. The only way to manage is to shake the bottle before applying it. A useful auxiliary to the above remedies is in epilation, which should be performed in inveterate cases. Of course, constitutional treatment is of the utmost importance, quinine being our chief remedy; which substance, it is asserted, has the property of destroying vegetable growths. Dr. Binz* has found that a neutral solution of chlorohydrate of quinine, soluble in sixty times its volume of water, has the power of destroying infusoria and fungi developed in vegetable infusions, and believes it has a peculiar antiseptic action different from other vegetable alkaloids. The tincture is the best preparation for children.

No doubt, the growth and development of a fungus is favoured by some peculiar condition of the system; for example, tinea vesicolor flourishes and is common on the bodies of consumptive patients. In two cases (with the assistance of Mr. Law, now Professor of Veterinary Anatomy, Cornell University, U. S.), I succeeded, after several failures, in causing the fungus taken from an apple, on which the *echorion* had been transplanted, to grow on the inside of a rabit's ear, which we had previously inoculated with tubercle. And in all cases of vegetable parasitic diseases coming under my care, I prescribe constitutional, as well as local treatment. Cod-liver oil, pancreatime, the syrup of iodide of iron, quinine, and in hospital practice salicine, being the remedies relied on. Mr. Jabez Hogg's† views confirm the therapeutical fact that parasitical affections are rarely if ever, "cured" by destroying the parasite, but they can be eradicated by administering appropriate tonics and alteratives which are capable of correcting the blood dyscrasia, which tends to keep up the disease.

* *Medical Press and Circular*, April, 1869.

Transmission of Non-Primary Syphilis.

Mr. MORGAN gives the following cases in a report from the Lock Hospital, in the *Medical Press and Circular*:

No. 1.—THE GRANDMOTHER.

E. B. (Ward 5), a respectable married woman, was admitted June 24, 1869, suffering from well-marked and severe iritis of the right, and slightly of the left eye, a mucous patch at the angle of the mouth, and extensive mucous patches over the palate and fauces, pains in the bones, and a papular syphilide. Her age being sixty-eight, placed her beyond suspicion, and she had always been strong and healthy. About six months since she got a sore at the angle of her mouth, from her grandchild, who had sores at each angle, which were healing when the grandmother became affected; the child at this time had also some eruption of papules on the skin. The grandmother took care of the child, washed and fondled it, and dates the formation of the sore mouth as the starting point of her affection.

No. 2.—THE GRANDCHILD.

The grandchild, a girl, aged nearly two years, was admitted the same day, suffering from a well-marked ulcerated patch at the anus, clusters of fine papules on the body, the mark of a recently healed gumma on the side, but the mouth perfectly healed, the child being otherwise the picture of health. She

† *British Medical Journal.*

had been in last November under my care for mucous patches at the vulva, some isolated papules over the body, and a mucous patch at the angle of the mouth, which had existed some months, and had caused the formation of a sore on the right breast of the mother, near the nipple, the cicatrix of which is still apparent, although she herself was suffering from constitutional manifestations, and had nursed no child but her own.

The child was then treated non-mercurially, and discharged apparently cured, but shortly afterwards the latent taint developed itself in such a form as to be capable of contagion.

No. 3.—The Mother.

The mother, a robust young woman, married three and-a-half years, was admitted November 2, 1868, with her child, above referred to. She was pregnant, and suffering from severe mucous patches of the vulva, and a papular eruption, alopecia, and pains. During the first year of her marriage she became pregnant, and the child was craniotomized. She was free from any signs of taint, and remained so while pregnant of this child, and it was not till it was about nine months old that she observed its having any signs, or the sore mouth, but previous to the sore on the breast, she says she got the genital patches for which she is now admitted. She returned home, though not cured, much improved, and has since been delivered of a premature dead-born child. She is now (July, 1869) suffering from mucous patches at the genitals, and pains.

No. 4.—The Father.

The father, a hard-working mechanic, admits that about two years before his marriage he had a primary sore, but never since, and he is suffering at present from marked papular eruption and pains.

This family history demonstrates some interesting points in the course of the disease. Thus, after four years, the father produces a syphilitic child, which is an actice source of contagion. The mother shows the intensifying nature of the poison by her carrying a first child to its full time, and remaining herself healthy. Her then producing a child which, after some months, shows unmistakable evidences of inherited poison, and is capable of transmitting constitutional syphilis to the grand-mother. Her producing a third child, but premature, and dead-born.

The child proves the compatibility of constitutional inherited syphilis with the most robust, healthy, and well-nourished condition of body; the comparatively late development of the signs; the co-existence of contagious early constitutional signs with gummata as late developments; the possibility (according to the mother's account, and warranted by the cicatrix of the sore, still apparent on the breast) of the *child recommunicating a sore* to its own mother.

The grand-mother proves the capability of the special form of mucous buccal patch transmitting the full influence of the poison.

In order to test if a primary sore could be produced by the inoculation of this secondary discharge, on the 16th of July I performed auto-inoculation on the person of the child. The discharge from the patch at the anus was inoculated in the side, and produced a pustule, followed by a sore. The matter from this pustule was inoculated in the other side on the 20th of July, and in like manner produced a pustule which is evidently specific.

A Visit to M. Nelaton.

Some recent numbers of the *Journal de Medecine de Bruxelles* contain a communication from M. Delstanche, of that city, on a visit which he paid to M. Nelaton last autumn. The writer commenced his exploration speedily enough, for while waiting his turn in the great Surgeon's *salon* he so ingratiated himself with a lady he found there, the subject of ovarian disease, that he obtained her permission to be present at the consultation. I was much surprised, he says, to hear M. Nelaton say that had this been a unilocular cyst he would have first tried iodine injection, seeing how little success has attended this treatment in the hands of others, including Krassowsky, the most recent writer on the subject. He replied that he had perused Krassowsky's work, but that Surgeon, in fact, had operated in a chance manner, without observing any rule, while he himself followed an indication which was well-nigh certain. After having injected a large number of these cysts with very various results, he came to the conclusion that when the fluid is sticky and thready between the fingers, like mucus or pus, the iodine injection has no chance of success, while when it does not give rise to filaments, but resembles serum or urine, and whatever its colour may be—pale, deep, or sanguinolent—there is the same chance of cure as in hydrocele. "I agree," he added, "that this is a somewhat empirical conclusion, but empirical means are not always to be disdained; and, moreover, the rule does not apply only to small and recent cysts, but has been found to hold good in those which date back several years, and have attained an enormous size. For the success of the procedure a trocar of not less than three millimetres in volume, and from twenty to twenty-five centimetres in length, is essential." In multilocular cysts, whatever may be their contents, M. Nelaton rejects injection.

As to ovariotomy, he observed that the fact of his having imported it into France had been contested, but he had ample proof of that. How far we may trust academies was seen by the general cry of reprobation which was raised when the operation was first mentioned at the Academy of Medicine, and when they could not find terms harsh enough to stigmatise this *savagerie*. Soon afterwards he saw it practised in Paris itself, and now it becomes a question of who has had the honour of naturalizing it. M. Nelaton has himself performed it sixteen

times, and nine times with success; and if his success has not been greater it must be recollected, he observed, that he commenced amidst the most vehement opposition, and could only then venture upon cases reduced to the last extremity. Even in these desperate circumstances he succeeded in more than one half of his cases. Although one of the foremost to testify to the ability of the English Surgeons, he maintains that much of their great success depends upon the fact that they operate in good time before the development of the cyst and repeated punctures have produced adhesions and damaged the constitution of the patients. Such is pre-eminently the practice of Spencer Wells; and now that French Surgeons, like M. Nelaton's pupils, MM. Pean and Labbe, are beginning to follow in the same line, their success is not less striking. In explaining the poor results that had hitherto followed the performance of the operation in Belgium, M. Nelaton observed that this might depend on various causes, such as the condition of the patient or that of the locality, as well as the mode of procedure. Of all operations, ovariotomy is the one in which we meet with the most unexpected occurrences; and to execute it well it is necessary to have often seen it done and to have practised it oneself. It is by practice that simplification of its procedure has been attained, and that we have come to recognise the importance of things once deemed only secondary. But failure does not take place so much from the want of skill in the operator as from the constitution of the subjects and the vitiated atmosphere of Hospitals, death almost always taking place when the operation is performed within their walls.

M. Delstanche had the oportunity of witnessing an ovariotomy and of examining four patients on whom it had been performed, but we have not space for various other of M. Nelaton's observations on this subject. Numerous other topics were discussed, and, among these, the circumstances upon which the efficacy of mineral water depends. After alluding to the influence exercised by change of air, regimen, diversion of thought, etc., M. Nelaton observed:

"I think that generally, and whatever the place resorted to may be, these pretended auxiliaries act more efficaciously than do the waters themselves. Not unfrequently, and that in cases in which they seem best indicated, I have seen patients return at the end of the course of waters which they have followed suffering more than when they went to them. But the Doctors arrange all this in a very agreeable manner. This reminds me of what the Emperor said to me lately. We had advised the Plombieres waters; he thought little of them, and it was only with great trouble we got him to decide. Our only object was to get him away from the Tuileries, where there is for him neither truce nor peace. His health was suffering from this, and at last he left. On his return I hastened to inquire as to his state of health and the effects of the *villegiature*. 'Oh!' he replied, smiling, 'these Doctors are charming fellows. After some days I found myself worse, suffering in the loins and limbs; and when I sent for them and informed them of what I felt they at once began congratulating me, declaring that what I experienced was the effect of the waters, and was of good augury. I therefore resigned myself to persevere in the treatment, but the pains, in place of diminishing, increased, and I again sent for them, detailing all that I suffered, only again to receive their congratulations and the assurance that this was an effect of the water which I should hereafter recognise. Whenever I ventured an observation, my mouth was always stopped by this unanswerable argument. Really these Doctors are nice fellows.' In relating the circumstance M. Nelaton laughed heartily. 'He does not seem to believe much more in medicine than his uncle did,' I observed. 'Indeed, he is not much more its partisan,' he replied."

Speaking of the Prince Imperial's illness, M. Nelaton observed that there had been a deep-seated abscess under the *gluteus minimus*, which was entirely raised up by it. "The hip-joint was not compromised, but the case was none the less dangerous, and I trembled for the life of that child. It was bruited about that there was caries, but this happily was not the case; and now the cure is quite complete, the movements of the limb being in no wise less assured or less free than that of the opposite side." M. Nelaton gave his visitor a particular account of his successful mode of treating coxalgia before the head of the bone has left the cavity. It consists simply in the effectual and careful employment of compression by means of a bandage and a large quantity of wadding, so that effectual and elastic compression is exerted on the joint in every direction without the movements of the child being impeded.

Alluding to his successful career, M. Nelaton remarked:

"The position of a Physician who is in the possession of a certain repute in a large town, and especially in Paris, rapidly leads to a fortune, for he is sought for not only in Paris, but by all France, and indeed by entire Europe. As regards myself (he added, with modesty) I have been very lucky; for most of the Surgeons with whom I should have had to divide my gains died young, as Sanson, Berard, Blandin, and others, so that I was left almost without any rivals."

In answer to the observation of his friend that homœopathy and the other variable doctrines of the day do not interfere with the Surgeon's practice as they do with that of the Physician, he observed:

"It is true that homœopathy does not reduce fractures or operate for cataract, but nevertheless it yet finds means of getting at us. Take cataract for example. The Surgeon operates, but sight is not at once restored, remaining feeble and uncertain, es-

pecially during the first fortnight. Well, that is just the moment spied out by the homœopathist, who, getting hold of the patient, promises to complete the cure commenced by the Surgeon; and as at last the vision, with time, is always more or less improved, he attributes, and has attributed to him, his share of success."

Venesection.

The *Edinburg Medical Journal* reviews a late work by Dr. BRICHETAU on this interesting topic, and concludes thus:

Brichetau next passes in review the various physiological effects produced by bloodletting, in virtue first, of its mechanical action of depletion, by which it diminishes the vital fluid, and thus weakens and enfeebles every manifestation of life; and, second, of its somewhat more complicated but still primary mechanical action of denutrition, the result of the diminution of certain ingredients of the blood, mainly the globules, and the consequent interference with the vital chemistry of the organism—effects which it is impossible to separate practically the one from the other. He points out what was long ago shown to be the case by Haller, that the acceleration of the capillary circulation, the constant result of bleeding, restores a free circulation to capillaries in the early stage of inflammation termed stasis, but that this effect can only rarely be employed with benefit, even when directly brought to bear in local and superficial congestions; while, in the congestions of internal organs, the only real effect produced is one of great depletion; an effect which may relieve certain symptoms, as dyspnœa, but which does so at a certain risk to the patient, who has always to pay—and often dearly—for the relief obtained; which, after all, is only temporary. In this review, Brichetau states concisely, but succinctly, the various physiological effects produced by bloodletting upon the different organs and functions of the body, and follows this up by an equally concise and succinct detail of the results which are thus capable of being produced upon diseases of different types. It is impossible to speak too highly of the careful and unprejudiced manner in which this is done; perhaps we might wish to modify some of the opinions expressed, but the points in regard to which we might desire to do so are comparatively few and unimportant; and we feel that even our own views are more likely to be advanced by thoroughly impregnating the profession with those contained in Brichetau's well-reasoned pamphlet, than by cavilling upon some of the minor points contained in it. A little too much importance may be assigned to merely mechanical causes, but this is counterbalanced by the skilful manner in which he demolishes various fallacies which have too long prevailed in relation to phlebotomy, and we therefore cordially recommend our readers to make themselves masters of the facts and reasonings contained in this pamphlet; and we feel that we cannot better sum up the conclusions arrived at by Brichetau than by quoting the words with which he himself takes leave of his reader:—"If we consider," he says, "the ideas which have been put forth at different periods in regard to the mechanism and the means by which bloodletting was supposed to cure diseases, our review is sufficiently discouraging. Hippocrates sought to evacuate the morbific matters, to diminish congestions, to recall or turn aside the blood from parts into which it ought not to intrude. The Methodics employed bleeding as the best relaxant wherever constriction was held to predominate. Aratæus bled boldly to facilitate the expulsion of calculi in nephritis. Galen, at one time sought by it to diminish plethora, at another to divert the blood or bring about a revulsion, or even to evacuate a portion of the morbid humor. The Mechanical physicians employed bloodletting to disembarrass the bloodvessels gorged with thick and viscious blood. The Humoralists employed it to relieve the patient from his morbid humors. The school of Broussais hoped by it to relieve the irritated organs of the phlegmastic (inflammatory) element. All these diverse theories have each had their day, and we are nowadays astonished to find that they could ever gain even one moment's credence.

"But it may be objected, that the theory upon which we have based the indications for bloodletting is likely to be just as transitory as its predecessors. To this we have our answer ready. All those ancient theories were only based upon hypotheses resting on more or less erroneous ideas, but modern science rests upon two bases which can defy criticism: analysis and experiment. There is certainly still much to be done. The composition of the blood is not fully known; the mechanism of the circulation is not yet clearly made out; nevertheless, we have certain positive facts to go upon. Clinical medicine, which at various times has anticipated the results of experiment, finds in modern researches a confirmation of that prudent treatment it has adopted, and we believe that bleeding, not systematically excluded from practice, but reserved for certain exceptional cases, will never again recover that omnipotent position which it formerly enjoyed.

"This is how we think the question of bleeding ought to be regarded. The blood, whose composition has only been studied during recent years and since the labors of French hæmatologists, and which, we repeat, is even yet but very imperfectly known, is the chief element of our organism. The blood is liquid flesh, said Bordeu. The blood lives, says Virchow. We cannot, therefore, abstract with impunity a certain quantity of blood from a healthy man, and still less from a sick one. Formerly, disease was looked upon as a new entity added to the organism, and upsetting all its laws. Nowadays we know it to be a mere disturbance, and that the organism is sub-

ject to the same laws whether it be well or ill. If bleeding be capable of producing certain effects—and we think we have sufficiently proved this—it will produce these effects in disease as well as in health. The physician ought to know that, in certain conditions, the smallest abstraction of blood may produce destructive results, and he ought not to waste the vital fluid as a matter of pure precaution, or as a primary and merely routine step in the treatment of every disease, as was formerly the case. This operation ought to be deliberately weighed, because the indications for it must always comprise two things—the local and the general condition—and the former must be always subordinated to the latter. If bleeding be, as we love to term it, a heroic remedy, we must remember that it may be also a dangerous one; because it may debilitate the patient and disturb the free and natural evolution of the malady. In certain cases, a bleeding made *a propos* acts marvellously; but its influence is transitory—is not lasting—and we must not have recourse to it too often. Bloodletting, far from being banished from medicine, ought to be regarded as one of its most efficacious resources; but one which, surrounded by dangers, must be employed with precaution. As a rule of practice, it must never be practiced lightly, nor without the most serious consideration."

Reviews and Book Notices.

The Jurisprudence of Medicine in its Relation to the Law of Contracts, Torts, and Evidence, with a Supplement on the Liabilities of Vendors of Drugs. By JOHN ORDRONAUX, L. L. D., M. D., Professor of Medical Jurisprudence in Columbia College, New York, etc., (T. & J. W. JOHNSON & Co.) 1 vol. 8 vo. cloth, pp. 310. Price, $3.50. For sale by GEORGE MACLEAN, No. 719 Sansom Street, Philadelphia.

We welcome this book as one most opportune and useful. Hardly a month passes in a physician's life that he is not at a loss to know something concerning his legal relations to his patients, to his professional associates, or to his apothecary. Hitherto there has been no work whatever which would give him such information; but now, this excellent volume of Dr. ORDRONAUX will rarely leave him uncertain.

It is divided into four parts. The first is on the rights, remedies, and liabilities of physicians. It treats of the status of physicians in the eye of the law, the nature and obligations of the tacit contract they make w ith a patient when tey undertake his case, how and when they can and cannot collect their fees by action, what liabilities they incur by malpractice, and by introducing contagious diseases into families, what responsibilitias they assume in law in insanity cases, and the legal powers of medical societies.

The second part treats of Medical Evidence, what constitutes an "expert," and what claim an expert has to compensation beyond ordinary skilled testimony. A chapter is devoted to evidence in cases of alleged insanity, and another presents all the statutes of the different States regulating the status of physicians.

The third part on "The Ethics of Medicine" contains the Hippocratic oath and the Code of Ethics of the American Medical Association.

The fourth part on the Jurisprudence of Pharmacy contains a discussion of the liabilities of vendors of drugs and manufacturing chemists, their responsibility for adulterations and mistakes, the subject of the renewal of prescriptions without authority, and the publication of prescriptions.

We think that this exhibit of the contents of the book will show its great value to almost every physician, and when we add that the author avoids legal technical terms, and writes in a clear business style, probably most of our readers will make a note of the book as worth their money.

One point, we observe, Dr. ORDRONAUX entirely omits, and that an important one. It is the legal questions arising in the sale or transfer of physicians' practices from one to another. This has been the subject of several suits in our courts recently, and we hope in his next edition he will give a chapter to its consideration.

——NATURAL STEAM, HOT AND COLD BATHS.—The natural bathing facilities at the California Geysers make the locality one of the most popular resorts on the Pacific coast. The ordinary bathing establishment is a feature in its way. It is primitive in its construction, being built of rough boards, and portions of it covered with gunny sacks, yet contains natural steam, hot water and cold water baths. One room is directly over a volume of steam, which rises from the earth and fills the room, so that upon first entering it the heat and steam are almost unbearable; but in a few seconds become quite comfortable, and in a short time are luxurious. The bather, having steamed himself sufficently, two steps brings him beneath a stream of hot water, which pours through the roof in a continual volume, and is of just bearable heat. Having steamed and boiled, the bather steps a few feet and plunges into the running brook, which is waist deep, with pure water, cool and fresh from the mountains above. The effect of this course of bathing is to leave the bather refreshed and invigorated in a wonderful degree. Separate establishments are erected for ladies, and with the same facilities.

——In Madison, N. J., recently, while Dr. VAN WAGONER was attending two ladies, one of whom had an arm broken by a runaway accident, he came near losing his own life by a similar cause.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 28, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

A POPULAR ERROR.

The hygienic advice given gratuitously by editors of country newspapers, and of city ones, too, for that matter, is usually of about the same value that advice is on any other topic of which their ideas are equally vague. Our friend, Dr. SNOW, of Providence, R. I., upon whom we have often drawn in our editorial remarks, supplies us with a text here also.

In the last monthly registration report of Providence, R. I., he calls attention to the increased number of deaths during the hot month, and mentions how often at this season we are treated to cautions in the newspapers against the use of fruits and vegetables, and are called upon to believe that the increase of mortality which always occurs, during hot weather, is almost wholly caused by eating them. It is quite likely that eating unripe and wilted fruit and vegetables causes disturbance in the stomach and sickness; but it is of a temporary character, and would generally cure itself if no other cause was present. It is well to use caution in the selection of fruit and vegetables, avoiding those that are wilted and decayed; but it is not well to be unnecessarily troubled and frightened about them, and it is still worse to avoid them altogether.

The slightest examination of the causes of death shows that fruit and vegetables have almost no influence whatever in the mortality reported from summer complaints. Nearly all the decedents from these causes are very young children who do not eat fruit and vegetables at all. All but five of the decedents from summer complaints, in Providence, in July, were under two years of age, and only two of the whole number were over four years of age.

In certain seasons, when epidemic cholera may be present, and when the systems of the people may be prepared for disease, by the poisoned air they breathe, it is possible that wilted fruit and vegetables may be the exciting causes of fatal sickness; but even then the air that is breathed is more truly the cause of death than the food that is eaten. In ordinary seasons, when no epidemic is present, impure air causes a thousand fold more mortality than fruit and vegetables. In fact, it is probable that total abstinence from fruit and vegetables by the whole community would produce more fatal sickness than the most unlimited indulgence in them. The safest rule is, however, temperance in all things.

This rule, with a care not to allow any such complaint to run on without attention, will usually preserve the health even better at this season of the year than at any other.

It is well known to those who treat the complaints of elderly people, that they are less severe during the hot months than at any other time. In fact, an observation of over 50,000 cases of persons, over sixty, proves that during the months of July and August the mortality is only *one-half* of that during January and February.

Hence, the advantage of a warm climate for aged persons. We think, that as a rule, if they pass a winter or two in a warm climate, it will lengthen their days a decade.

THE MEXICAN SNAKE PLANT.

We clip the following extract from one of the daily papers of this city, as it is worthy of a brief commentary:

By telegraphic despatches it appears that General Lesca has been poisoned. The probability is that he will live but become insane. The decoction by

which he has been thrown in this sad plight, it is certain was the same by which the interesting widow of the unfortunate Emperor Maximilian was thrown from the domain of reason into the depths of lunacy.

To us this unfortunate widow has always appeared like Shakespeare's Ophelia, who, with darkened mind, strewed flowers on the stream. This poison which maddens without bringing death to its victim, is derived from an herb which grows in Cuba, South America and a few places in Mexico. The plant is one of the most wonderful of nature's productions. It resembles the century plant in many of its features. Like the century plant it is a member of the cactus family; still further it blooms once in many years and at regular intervals. The sorcerers, or medicine men, take the buds of this singular plant, and, first roasting, place them in a pot with sweet oil over a fire, and dance around with strange ceremonies till the oil and juice of the herb mingle, when they cease their strange incantations, and pour the decoction, then resembling honey, into shallow plates, from which, after the lapse of a few days, it is again taken and kept in miniature jars.

The poison, when taken in sufficient quantity, first places the brain in a delightful delirium, resembling that produced by fusil oil; this is succeeded in a few days, by an uncontrolable apathy which at last culminates in insanity, in which the patient is at times strangely rational, then wildly insane, and again rational, but greatly exhilarated. This poison is not destroyed by being mingled in victuals before being subjected to heat, but its immediate effects are slightly deadened. They are sure to appear, however, in the lapse of time; this is the manner in which the poison is generally administered.

When the victim is of no great influence, and it is improbable that he can turn upon his poisoner, the decoction is administered in a glass of wine or a cup of cocoa. The poison manifests itself shortly, and in the course of a week all the various phases of the delirium appear. The sad fate of the Empress Carlotta is known to all, but this description of the poison, from what it is derived, and how it acts, may aid in forming a more correct appreciation of the horrible troubles to which she is subject. General Lesca has been poisoned by the same herb, and is now subject to the same freaks of insanity as the Empress Carlotta.

There is enough of the canard and the sensational in this paragraph to condemn it at once in the minds of most scientific men, but it is founded on a truth. *Se non e vero, e ben trovato.* The plant referred to is called in the Aztec tongue *olinhiqui* or *coaxihuitl*, which means "the snake plant," and was freely used by the medicine men, or priests, to induce a species of temporary insanity, or divine frenzy, in which they saw visions and predicted the future. The practice is referred to by Dr. D. G. Brinton in his *Myths of the New World*, p. 273, and a number of other plants having similar properties and used for similar purposes, are mentioned.

Whether the administration of the active principle of the plant, for some length of time, would not produce permanent impairment of the faculties, is unknown, but it is probable. But General Lesca and the unfortunate Empress Carlotta had cause enough in the troubles, losses, and excitements they experienced to drive them mad without the aid of the *coaxihuitl*.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 23.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Formulæ Employed in the Diseases of Children.

It is proposed to bring together, under this head, recipes used in affections occurring during infancy and childhood. The art of prescribing for children is an important one. It is highly desirable, in such prescriptions, to avoid bulky and disagreeable combinations. Certain dangerous remedies and doses are also to be guarded against.

Treatment of Rheumatism.

William Aitken, M. D., Edinburgh.

204. ℞. Hydrargyri chloridi mitis, gr. v.
Pulveris jalapæ comp., ℈ij–℥j.
Pulveris zingiberis, gr. iij–v. M.

This powder to be taken in a little milk at the commencement of rheumatic fever. It will secure an abundant secretion from the glandular follicles of the intestinal mucous membrane. The daily evacuation of the bowels is then to be maintained by salines, such as Rochelle or Epsom salts.

205. ℞. Veratriæ,
Extracti opii, aa. gr. j. M.

For ten pills. Take two the first day, three the second, four the third, five the fourth, and so on, increasing one pill each day, until the condition of the pulse or the irritation of the mucous membrane compels a diminution.

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

206. ℞. Pulveris guaiaci, ℥j.
Pulveris rhei, ʒij.
Potassæ bitartratis,
Sulphuris sublim., aa. ℥j.
Pulveris nucis moschatæ, ʒij.
Mellis, ℔j.
Misce bene.

Of this compound, two large spoonsfull are to be taken night and morning. It is used in some large hospitals, both civil and military, in the treatment of old chronic cases. The beneficial effects of guaiacum are obtained in those cases which are unaccompanied by perspiration, and in which the excreting organs are gently excited by this drug. When, however, there is already free diaphoresis, and when it neither purges nor acts as a diuretic, very little benefit may be expected from it.

Thomas King Chambers, M. D., etc. London.

Our author calls rheumatic fever "a pleasant disease for the doctor to treat, though not for the patient to bear," and gives a very simple, uniform plan of treatment, which, he states, hardly ever requires modification.

Bedding.—The patient's bed is made in a peculiar fashion. No linen should touch the skin. A slight calico shift or shirt may be allowed; but if the patients possess underclothing, only of the prohibited sort, they are better naked. Even a linen front to the shirt is dangerous. The sheets should be removed and the body carefully wrapped in blankets, the newest and fluffiest that can be got. The head is to be carefully protected from currents of air.

Fomentations.—Those joints or limbs which are swollen, red, or painful are to be wrapped up in flannels, soaked either in hot water or in a decoction of poppy heads, with half an ounce of carbonate of soda to each pint.

Curative Drugs.—If the skin is red, swollen and painful about the joints, if motion is impossible or the cause of exquisite suffering, and especially if these phenomena are metastatic, then the "alkaline treatment" is employed, as follows:

207. ℞. Potassæ bicarbonatis, ʒj.
Aquæ camphoræ, fʒij.

For one dose, to be repeated every three hours, day, or night, when awake.

If, however, the above symptoms are insignificant, and the pain is felt more in the bones, being intensified by pressure rather than by motion, and fixed not metastatic, then two grains of the iodide of potassium are to be added to each dose. So soon as the symptoms take a favorable turn, the alkali is to be omitted altogether and only the iodide of potassium given.

Palliatives.—Opium is to be administered in amounts proportionate to the subjective sensation of pain—from one to two grains at a dose. Immediately upon the relief of the pain, the quantity is diminished.

Pure opium, in the pill, and the tincture are the best preparations, If the pain remain fixed in one joint, after it has left other places, leeches are to be applied there and the part kept poulticed. Bruised laurel leaves may be mixed with the poultice. If the heart become affected, leeches and poultices are to be applied to the cardiac region.

Diet.—The food is to be varied to some extent by the social and personal state of the patients. If they have been hearty and well-to-do persons before the attack, simple diet is proper, *i. e.*, bread and butter, gruel and tea. If they have been ill-nourished, a pint of broth or of beef-tea is added. Meat, even during convalescence often does harm, seeming to turn into lactic acid. Vegetable food should be pretty closely adhered to in order to avoid a relapse.

J. M. DaCosta, M. D.

208. ℞. Ammonii bromidi, ʒss.
Tincture aurantii corticis, fʒss.
Aquæ, fʒijss. M.

A dessertspoonful every three hours, excepting at night. In acute rheumatic fever the beneficial influence of the bromide of ammonium is undoubted.

Over the pains and aches of chronic rheumatism this remedy also exerts an unquestionable control; but in chronic rheumatism it is decidedly inferior to iodide of potassium. But slight amelioration follows its use in persistent swelling of the joints of rheumatic origin and more in rheumatism due to a venerial taint.

Hypodermic Injection.

209. ℞. Atropiæ sulphatis, gr. 1-50.
Aquæ destillatæ, ♏.x. M.

For one injection, to be thrown under the skin, in certain forms of muscular rheumatism, particularly wry neck, over or into the rigid parts To be repeated once a day. Sometimes the most marked and speedy relief follows this treatment, after ordinary remedies have failed.

210. ℞.
Potassii iodidi, ʒj.
Vini colchici radicis, fʒij.
Morphiæ sulphatis, gr. iij.
Syrupi, fʒj.
Aquæ, fʒij. M.

Teaspoonful three times a day, after meals, in muscular rheumatism.

211. ℞. Potassæ carbonatis, gr. x.
" acetatis, gr. xv.
Vini colchici seminis, ♏xx.
Syrupi tolu., fʒss.
Aquæ, ♏x. M.

For one dose ter die, in lumbago, the following liniment to be rubbed in night and morning.

212. ℞. Chloroformi fʒss.
Linimenti ammoniæ, fʒjss.
" saponis, fʒij. M.

In a week or ten days, after the pain has subsided, apply—

213. ℞. Emplastri picis cum cantharide,
" Logani aa. equal parts.

214. ℞. Tincturæ guaiaci, f.℥ij.
Vini colchici radicis, f.℥ij.
Potassæ bicarbonatis, ℥iv.
Syrupi aurantii corticis, f.℥ij.

A desertspoonful in water, ter die, in *rheumatic arthritis*. Also have the joints wrapped in cotton, and painted morning and evening with equal parts of tincture of iodine and alcohol until they become sore. Sulphur baths are beneficial. Small blisters are also of service in the neighborhood of the joints, frequently repeated and occasionalty dressed with—

215. ℞. Morphiæ acetatis, gr. ¼.
Pulveris marantæ, gr. ½.

Arsenic is an excellent remedy in rheumatic arthritis. It may be administered as follows:

216. ℞. Liq. potassæ arsenitis, gtt. v.
Potassii iodidi, gr. v.
Syrupi, f.℥j.

For one dose, ter die, between meals in water.

PROF. AUSTIN FLINT, NEW YORK.

The tincture of aconite applied to the parts in acute articular rheumatism affords marked relief. Extension of the limbs, by means of an apparatus for that purpose, or by simply a cord, pulley and weight, in order to relieve the pressure of the articulated surfaces upon each other, has been tried with success, in some cases, at Bellevue Hospital.

C. HANDFIELD JONES, M. B., CANTAB. ETC., LONDON.

217. ℞. Potassii iodidi, gr. iij.
Ammonii muriatis, gr. xv.
Vini colchici radicis, ♏v.
Tincturæ opii, ♏iv.
Infusi gentianæ comp., f℥ss. M.

For one dose, ter die, in muscular rheumatism.

THOMAS HAWKES TANNER, M. D., F. L. S., ETC., LONDON.

218. ℞. Ammoniæ muriatis, gr. xv.
Liq. ammoniæ acetatis, f℥ss.
Aquæ camphoræ, f℥iijss. M.

For one dose. To be taken in three tablespoonsful of water, every four hours. Useful in some varieties of rheumatism in which the fibrin of the blood is in excess. The efficacy of this prescription is increased by giving two drachms of cream tartar, in half a pint of water, early in the morning.

Massachusetts State Board of Health.

The Governor, by and with the advice and consent of the Executive Council, has appointed the following named gentlemen as a Board of Health: Henry I. Bowditch, Boston; George Derby, do.; Robert L. Davis, Fall River; Richard Frothingham, Jr., Charlestown; P. Emory Aldrich, Worcester; Warren Sawyer, Boston; Wm. C. Chapin, Lawrence. The duties of the Board and the number of meetings, with the compensation of the members, are defined in the following sections of the act creating the office:

Section 2. The Board shall take cognizance of the interests of health and life among the citizens of this commonwealth. They shall make sanitary investigations and inquiries in respect to the people, the causes of disease, and especially of epidemics and the sources of mortality and the effects of localities, employments, conditions and circumstances, on the public health; and they shall gather such information in respect to those matters as they may deem proper, for diffusion among the people. They shall advise the government in regard to the location of any public institutions. They shall in the month of January make report to the Legislature of their doings, investigations and discoveries during the year ending December thirty-first, with such suggestions as to legislative action as they may deem necessary.

Sect. 3. The Board shall meet at the State House once in three months, and as much oftener as they may deem expedient. No member except the Secretary shall receive any compensation, but the actual personal expenses of any member while engaged in the duties of the Board, shall be allowed and paid.

Sec. 4. It shall be the duty of the Board, and they are hereby instructed, to examine into and report what in their best judgment is the effect of the use of intoxicating liquor as a beverage, upon the industry, prosperity, happiness, health and lives of the citizens of the State. Also, what additional legislation, if any, is necessary in the premises.

Correspondence.

DOMESTIC.

Slovenly Prescriptions.

EDS. MED. AND SURG. REPORTER:

When such a prescription as the following—presumably prepared for publication with some care—may be read in print, is a word of protest out of place? What an accumulation of horrors would not a druggists' file disclose!

℞. Ol Cubebs,
Bals, Copaiba aa ℥iv.
Spts Turpent, ℥ij.
Spts Nitre Dulc, ℥vj.
Mucilage Acacia q. s. for ℥vj.
Dose—tablespoonful ter. die.

Yet this is no exaggeration—witness, a copy of almost any medical periodical; and it happens too often to be laid at compositor's or proof-reader's door. Though it is intelligible enough, I am afraid to say at the outset, just how many errors there are that could have been avoided with a little care. Let us see.

In the first place, it is not Latin. This, however, is no serious objection; for, though it is customary, in our presumedly learned profession, to use, in these cases, the common language of scholars, ye this is really rather a matter of taste than of necessity, and, moreover, the writer of the above may

have had good reasons for intending to use English. But, secondly, and, unfortunately, neither is it English. It is a miserable hybrid—a bastard—neither "flesh, fowl, nor good red herring." The names of some of the articles are not to be found in our pharmacopœia, as Latin *nor* English designations. The absurdity becomes comical in the direction. How, for instance, would "cochlear magnum three times a day" sound? Yet, it is not one whit more ridiculous than "tablespoonful ter die." Again, is "q. s. for ℥vi" any better than "enough ad ℥vi" would be? Many physicians would have put "q. s. ad ℥vi." We all know what this means, but I defy the best linguist in the world to make "quantum sufficiat ad fluiduncias sex" mean what is intended, or to parse this morsel of dog-latin by any known rules of grammar. If the sentence were translatable, it would read: "Any quantity (of mucilage understood) that may be sufficient, up to (*i. e.* not exceeding) six fluid ounces (of mucilage)."

The punctuation reminds one of the professor's lucid demonstration of the dorsal muscles: —"Gentlemen, the fourth and fifth layers were shot out of a gun; pick them out to suit yourselves." The mysteries of comma and colon, and the rest, should not be attempted until it has been learned, at least, that the full stop marks an abbreviation as well as the end of a sentence. In the above, most of the marks of punctuation are either omitted or ingeniously misplaced. Thus "R." for "recipe," is an abbreviation; "℞" is *not;* it is a sign or symbol; of the same class, typographically speaking, as *, ¶, §, ℨ, or ℥; like the signs of the Zodiac, for instance, or those used by zoologists to mark the sex, etc., of their specimens. The best usage is against the employ of the . in such cases. On the other hand, "aa" *is* (or is meant to be) an abbreviation; it should be "aa." or $\overline{aa}$, the bar or vinculum indicating continuity of two extremes whereof the connective is not expressed. So, also, ss. or $\overline{ss}$; but not these letters without one or the other of the signs; so, again, "p. r. n." or "pro re natâ," but not "p r n" or "pro. re. natâ," not even though the Chinese hat over the *a* does look highly classic! As to the use of commas, more latitude is allowable, and much may be left to individual preference. Writing out the implied sentences will generally be a safe guide; thus: "Take of Oil of Cubeb, four fluidrachms; of Oil of Copaiba," etc. On this principle, the full name of each article should be followed by a comma, and each line of the prescription, except the last, should end with a semi-colon instead of a full stop; the lines, nevertheless, still beginning with a capital letter, because the words are virtually proper names.

Though ℥iv and f℥iv are different things, a druggist of reasonable intelligence would here use his graduate instead of his scales; but why not write f℥iv if f℥iv is meant? A prescription is supposed to be an absolute guide; nothing is to be guessed at, or taken for granted; the least thing left to the dispenser's sagacity is the entering wedge of evils innumerable. In the above case, however, we will suppose the apothecary has divined the doctor's idea, and even got over that wonderful "q. s. for ℥vi"; in short, that he has "taken" of the several ingredients the desired quantities. What is he to do with them? He may hand them over his counter in five separate bottles, for anything that the prescription says to the contrary. But supposing he falls back on his intellect again; mentally supplies "M." and "mixes," what is he going to do with the directions that follow? He (probably) has no occasion to take the mixture himself; shall he give directions, verbally, to the bearer, to be repeated by him, and so run abundant risk of subsequent misunderstanding; or, still worse, shall he tell the bearer how to take the mixture, upon the gratuitous assumption that this is the individual who has gonorrhœa? Probably he does neither, but sensibly labels the bottle in plain English. I should imagine however, that he had by this time fairly earned more than the price of his drugs by his expenditure of brain-work.

Now, I know all this has nothing to do with the efficacy of the prescription, and that it may seem like hair-splitting to discourse about it. But there is a right and a wrong way of going about most things; a neat and a slovenly way of writing prescriptions. The physician, who habitually leaves out "M.," for instance, may some day write "R. Morph. Sulph. gr. x.—dose, at bedtime"—only forgetting to put in "div. in chts. no."—which would be awkward, unless the druggist kept him out of the scrape. Such a one would be very apt to go from the dissecting to the lying-in room without washing his hands. No friendly apothecary in such case! The physician who visits with dirty nails, stubbly chin, unblacked boots, and a rip down the back seam of his coat, may cure as many patients as any other; but it does not follow that a clean person and neat dress are not desirable. I suspect the latter pay best in the long run. Slovenly prescriptions are no exception to a general rule.

I submit, Messrs. Editors, that the following is an improvement on the above—provided your compositor does not put a typographical beam in the eye that is looking after motes in other peoples'!

℞	Ol. Cubebæ,	
	Ol. Copaibæ,	aa. f℥iv;
	Ol. Terebinth.,	f℥ij;
	Sp. Æther. Nitr.,	f℥vj;
	Mucil. Acaciæ,	f℥iv.
M.	Sig. "Tablespoonful three times a day."	

——, N. C. Yours truly, E. C.

——Liebig is to have the Albert Medal of the Society of Arts.

——The German Hospital Bazaar produced more than £3,000.

[Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

BRIGGS—WRAY. On Thursday, August 12, at the residence of the bride's parents, by the Rev. M. W. Jacobus, D. D., Clinton Briggs, of Chicago, and Miss Sarah J., only daughter of Dr. R. Wray.

HEGER—WILCOX. At St. John's Church, Somerville, N. J., on the 16th instant, by the Rt. Rev. W. H. Odenheimer, D. D., Bishop of New Jersey, assisted by the Rev. John Rowland, Doctor A. Heger, U. S. Army, and Caroline Wilcox, daughter of N. A. Jennings, of Phila.

PIERSONS—OSBORNE. On Wednesday, August 11, by the Rev. Dr. Draper, at St. Andrew's Church, Harlem, A. M. Piersons, M. D., and Annie J. Osborne, all of New York.

OTIS—POE On August 17, at Trinity Church, Georgetown, D. C., by the Rev. B. A. Maguire, S. J., Dr. George A. Otis, Assistant Surgeon and Bvt. Lieut. Col. U. S. A., and Genevieve, youngest daughter of the late George Poe, Jr., of Georgetown.

OSTRANDER—DEWITT. On the 14th instant, in Pittston, Pa., by the Rev. N. G. Parke, Walter M. Ostrander, M. D., of Danville, Pa., and Miss Annie DeWitt, of Pittston, Pa.

DIED.

MORRISON. August 11, 1869, at his residence in Greensburg, Pa., of apoplexy, Dr. John Morrison, aged 72.

BARR. In Pittsburg, Pa., August 5, 1869, John C. Barr, only child of Dr. A. M. and Sarah D. Barr.

GROUARD. At the residence of his parents, Allegheny city, Pa., August 11, Samuel Shackford, infant son of Dr. J. H. and Mrs. Amelia M. Grouard aged 9 months and 24 days.

JACKSON. At Geneva, N. Y., August 16, Henry J. Jackson, M. D., late of this city, and son of Luther Jackson, aged 39 years.

MOSES. Of dysentery, at Montvale Springs, Blount county, Tenn., August 9, 1869, Sallie Overton, only child of Dr. Samuel D. and Bettie Overton Moses, aged 10 months and 8 days.

PATTERSON. August 8, 1869, at Clifton, Green county, Ohio, Lizzie H., wife of Dr. J. F. H. Patterson, aged 26 years.

Also, at the same place, July 31, Nannie, infant daughter of Lizzie H. and Dr. J. F. H. Patterson.

WORDS OF CHEER.

A subscriber in New Mexico writes: "I would as soon miss one meal a day as to lose the REPORTER, as I consider it the best medical journal out."

Dr. J. H. S., of Ohio, writes: "During the last thirty years I have been taking some of the most prominent journals published in this country, but have found none so refreshing, or any that meets the wants of the country practitioner so well as the REPORTER.

Dr. W. H. N., N. Y.—"I would rather be cold or hungry, or even both, than be without the REPORTER."

QUERIES AND REPLIES.

MESSRS. EDITORS: I submit to you the following case for your advice in treatment:

Patient's age, 28. Had good health until 1858, when an abscess formed two inches to the right of and two inches below the navel, which was lanced and discharged a great deal of pus. This abscess remained open for nine months, then closed and opened again in one year, remaining open only a few weeks, but has given no trouble since. Shortly after, a swelling came in the left groin, which soon opened and remained so for three or four months, and then closed for the same length of time, and so continued alternately opened and closed for about two years, when she was attacked with typhoid fever. It then closed and remained so for three years, but has been opened most of the time since.

Patient has been married about four years, and has one child two years old.

She came under my care a year ago. Upon examination found the opening about the middle and under Poupart's ligament. Introduced a probe upward and backward about six inches, it striking some hard substance, but not denuded bone. She was nursing her child; was quite weak but able to work some. The fistule would frequently close for a week or so, giving pain in left limb and back.

I treated her with tonics. Kept the fistule open with sponge tent, and injected through a gum catheter, a solution of sul. zinc gr. xv to one ounce water at first; lately have used a weaker solution, two grains to one ounce of water.

Present condition.—General health good; fistule still open to the same depth and discharging but little. I have been giving her chlorate of potassa, gr. xx. three times a day, which she seemed to think brought on her monthly periods quite often, and she has omitted it.

Yours respectfully, W. J. McH.

Dr. S. C. P., of Ill.—Allow me, as a subscriber, to make these queries: "How can the nausea caused so often by the administration of the salts of morphia be obviated, and which salt do you deem least objectionable in this respect?" "What is your opinion of the new preparation called 'Svapnia?'" "When will the new edition of the U. S. Dispensatory appear?" "When can we probably have 'Naphey's Therapeutical Bulletin' in book form?" "From what publishing house can medical works in the German language be had?"

Ans. The acetate of morphia with an excess of acetic acid seems to create least nausea.

We have used svapnia, but too little to speak with confidence of it.

The next edition of the U. S. Dispensatory is expected next year.

Dr. Naphey's Therapeutical Bulletin will be published in book form about December.

You can obtain German medical books through Mr. E. Steiger, N. Y. city, publisher and importer.

Dr. J. H. S., of Indiana.—You are right in holding aloof from any advertising quack, no matter what his pretensions.

Dr. T. C. L., of Pa.—Artificial eyes can be obtained from this city. They cost from $8.00 to $12.00, best make.

Dr. A. B. L., of Ind.—The college we recommend is that at Detroit. You can address the dean, "Dean of Detroit College of Pharmacy." We think you will find it a good one.

Dr. H. L. O., of Pa.—We know of no recent work published in this country on thermometry of disease which will suit you. If Wunderlich has been published we have not received it. We noticed a good article in the transactions of the Georgia State Medical Society on this subject, and called attention to it in the REPORTER a few weeks ago. Write to the author for a copy. We do not know Dr. Levick's reference. It must have been to Aitken.

Dr. J. G. P., of Ky.—The Archives of Otology are published simultaneously, in New York and Heidelberg, in English and German. Price, $7.50 per annum.

Dr. T. J. K., of Tenn.—The best work on the microscope in medicine is that of Mr. Lonel Beale ($7.00). One of the best microscopes for ordinary use is Dr. Woodward's "Students' Microscope." Price, $55.00.

METEOROLOGY.

AUG.	9,	10,	11,	12,	13,	14,	15,
Wind.....	W.	W.	S. W.	N. E.	S. W.	S. W.	S. W.
Weather.	Clear	Clear	Clear	Clear	Clear.	Clear	Cl'dy.
Depth Rain				Hazy	He'vy fog. shw'r	He'vy fog.	fog.
Thermom....							
Minimum..	52°	59°	60°	68°	61°	67°	63°
At 8, A. M.	66	71	73	74	69	70	78
At 12, M...	78	79	82	83	78	81	87
At 3, P. M.	79	80	85	83	83	84	89
Mean.....	68.75	72.25	75.	77.	72.75	75.50	79.25
Barometer..							
At 12, M...	3.02	30.2	30.2	30.2	30.2	30.2	30.1

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

PARTURIENT EFFECTS OF THE SULPHATE OF MORPHIA.

By T. J. Kennedy, M. D.,

Of Castalian Springs, Tenn.

In your valuable Journal of August 7, Harvey L. Byrd, M. D., Professor of Obstetrics, in the Medical Department of Washington University, Baltimore, Md., has an article on the subject of the above. It would be, as he says, "superegatory labor to enter into an anatomical description of the uterus," or "even to allude to its chief physiological function, where only the therapeutical action of a remedial agent upon its parturient efforts is only to be noticed," as in his article the parturient properties of Sulphate of Morphia was presented to the profession, I simply add my testimony to coroborate his statement, with the hope that it may be some good to young physicians who are just starting on that weary road that every physician travels when he first commences the practice of medicine. I well remember the time that I believed implicitly in the teaching that if the labor pains were sluggish, the os uteri only slightly dilated, and the pains "become" inefficient, while the patient was wearied and worn out, desiring nothing so much as rest for a short time; that a dose of Sulph. Morph. would not only quiet the patient for several hours, but also give the medical attendant repose for the same length of time.

To my utter astonishment I never failed to be called sooner than I expected. I always had success with my patients; they passed well, both mother and child, through the ordeal. After several cases where Sulph. Morphia had been given to quiet the pains, and not watching closely the parturient efforts after giving it, believing so fully in the early precepts indoctrinated into my mind, that I had not a doubt of its entire efficacy, I at length did begin to doubt its power to quiet the action of the womb, and to induce sleep, while the womb was in the act of expelling its contents.

I was called to see patient April, 1869, aged 24, whom I found in labor with second child, as reported to me. I found that she did not expect to be confined for six weeks. She complained of pain in the region of stomach, with no bearing down pains. Examination per vaginam disclosed no dilatation or rigidity of os. The womb was high up in the pelvis, and during the paroxysm of pain, which came on about every fifteen and then twenty minutes, for the period of five hours, there was no descent of the womb; all the time the pain was referred to the stomach. Everything that was given by the mouth was rejected within a few minutes. The extremities were cold and clammy, the pulse quick and feeble, a feeling of general malaise, and constant complaining of the stomach, with groanings and sighings. External stimulants and counter irritants were used; no relief from anything as yet tried. I injected one third grain Sulph. Morph. hypodermically at the insertion of deltoid; in five minutes she was easy; complained of no pain anywhere. Examination per vaginam revealed the same condition as before. As the patient remained at rest for about twenty minutes I left her in charge of a gentleman who had studied medicine, but had abandoned it for farming, with the order to call me when wanted. I retired to my room, fifty yards from my patient. I had been in bed about half an

hour when the gentleman called me, with the assertion that the patient was dying. As soon as I could I reached my patient; she was cold and shivering, with a continuous moaning every breath, that is peculiar to women when the head of the child is in the world, between the pain that has expelled the head and the next pain that is to expel the shoulders. I found that such was the condition—the head of the child was in the world, and soon it was expelled in toto. The mother had a good recovery, with no untoward symptom. Here was a case in which the Sulph. Morph. surely acted as a parturient, for nothing was retained on the stomach.

SURGICAL REMINISCENCES OF AN OLD PRACTITIONER.

By J. G. F. Holston, M. D.,
Of Washington, D. C.

TREPHINING.

(*Continued from page* 28.)

Justly considered one of the graver operations of surgery—yet if I were to consider only my personal experience, during near forty years, by no means as dangerous as is sometimes represented. In fact the danger seems to me to have arisen, more from an improper discrimination of cases to which the operation was inapplicable, and a want of a clear understanding as to what we can and desire to accomplish. As to the rest, it is immaterial with what instruments the operation is performed, whether with the English trephine, acting as a circular saw, with the motive power of the augur, or the German trepan, with the same action, but moved like a carpenter's centre-bit. Even the various forms of the trephine, cylindrical or conoidal, make no difference in careful hands, and often the saw and chisel may dispense with either. In regard to saws, the circular part of Hay's saw, is of little account, the original idea of making a curved cut with it being evidently absurd, for though the edge is round, the blade is straight and refuses to follow any curve; so that the circular part is only useful where a small portion of bone, to the avoidance of the rest, is to be divided. I am, however, very partial to the chisel in all operations on the cranial bones; and have had a peculiar pattern made for me, that, in my hands at least, has proved itself of superior advantage. The edge of my chisel is three-quarter inch wide, beveled on both sides, and having a blunt, pointed tooth projecting from one corner; this tooth meets the edge at a perpendicular, but is rounded off on the outside.

This tooth effectually guards the dura mater from injury, keeping it always at a distance from the cutting edge. Of course, the advantage of the tooth can only be obtained where an opening, accidental or artificial, already exists. It is also proper to mark out the proposed track of the chisel, on the outer plate, by the saw. Seeing the chisel applied in such close proximity to the brain, and propelled by vigorous strokes of the mallet, necessarily excites fear of concussion to that delicate organ; but it must be recollected that every tooth of the saw, as it *tears off*, not cuts, a portion of the bone, is also an instrument of concussion, and considering the far greater execution done by the sharp, cutting chisel, in a much less time, the concussion is absolutely greater by the saw. Patients who were conscious at the time, and where both saw and chisel were used, have so informed me, and it is certainly the result of my clinical observation.

I will now state some of the considerations that have induced me to remove portions of the cranial wall. First—in cases of recent injury, where the scalp was cut or torn, exposing the bones, in a comminuted state, driven in, edgewise, into or upon the brain; in such cases I have picked away loose pieces, or where the pieces were wedged, made a previous perforation, elevated depressed portions, not *greatly* detached from the soft parts above and below, trimmed rugged edges of bone by scissors or chisel, removed such portions of scalp as were perfectly disorganized by the injury, taking care to leave no splinters or foreign substances of any kind, making indeed, a perfectly clean surgical wound of the complicated injury, and often succeeding in having a cure almost entirely by first intention, with the absence of all severe symptoms, thus approximating that class of cases in which the operation was performed on persons in good health and through sound parts, for epilepsy, etc.

Second—where the bones were not thus totally detached, and driven down edgewise, and *a fortiori*, where the scalp was not opened, so as to give access to the injured bone, I have considered symptoms of *present* and *increasing* compression, endangering life, the only justification for converting a simple into a compound fracture. But, if interfering at all, making a *clean*, *surgical wound*, as illustrated in Mrs. McManus's case, wait till urgent

symptoms demand interference. I have seen many cases where extreme depressions, accompanied by coma, paralysis, etc., have recovered to perfect health without any operative interference.

Third—long after the original injury, where Paralysis or Epilepsy remained, and the seat of the trouble was clearly defined, I would here remark, that in military surgery in the S. W., trephining was seldom admissible and not often successful. My dressings have been of the simplest kind, reposition of the soft parts, a wet compress and bandage constituting the whole, while close attention was given to diet, the Ex—and Secretions.

These remarks were elicitited by seeing my two published cases (Western *Lancet*) of trephining for Epilepsy quoted. There is an error in the quotation. Only one of them, Jane Sulk, (whom I saw well about nine months ago,) is stated as successfull. I so reported it that the patient had died of phthisis, for so I had heard, but the very next number of the *Lancet* contains a letter from Dr. Cunningham, St. Louis, Mo., the brother-in-law of Miss Sarah Dollman, who states that his sister-in-law, gradually, but perfectly recovered, having then had no fits for over two years; she remained well.

I have since operated on two other cases of far greater magnitude, both successful, as regards the operation as well as the disease—"Epilepsy." Both had been eipleptic for years, but had no fits after the operation. In the case of Mr. Dixon, of Noble Co., O., twelve or thirteen square inches of the posterior part of the parietal bone were removed by trephine and chisel—four holes and then the chisel. In the second case, whose name is lost, about seven to eight inches. Both recovered without untoward symptoms, as if they had only received a slight scalp wound.

The first was operated in the town of New Concord, O., in the forenoon, and under chloroform. After he had thoroughly recovered from the anaesthetic and his wound dressed, I left to make a call in the neighboring country, having given very precise directions to keep himself very still in bed, in a dark room, avoiding all excitement, etc. Paint my surprise when, on my return four hours afterward, I saw the patient sitting on a bench before the house, smoking his pipe. His excuse was, he felt nothing the matter and could not lie in bed. He *never* took his bed; the large wound healed almost entirely by first intention; though the movements of the brain, that were absent immediately after the operation and did not return for some weeks, continued visible for some months afterward.

I believe it is safer, when operating on cranic bones, to make large and free openings, rather than limited ones; that was also the view of the older surgeons, who, sometimes with impunity, applied a dozen or more crowns of the trepan for one headache.

ARSENIC IN THE TREATMENT OF PROLAPSUS UTERI FROM ENLARGEMENT OF THE CERVIX.

By Dr. L. S. Blackwell.

Pennington, N. J.

As the diseases of women have received comparatively little attention by medical authors and teachers, the following case may not only prove of interest to the readers of the Reporter, but may furnish some material of signal advantage to the amateurs of Gynæcology.

Mrs. C. H——, aged 48 years, had been suffering for a number of months from pruritus vulvæ and leucorrhœa—the result of prolapsus uteri.

The intense itching, which was a significant symptom, induced this lady to seek relief. Tournie's treatment—calomel ointment and camphor was resorted to, but failed to afford any *decided* relief; the pruritus, however, gradually diminished, and finally ceased.

With the view of relieving the engorgement and consequent prolapsus and leucorrhœa, the following constitutional and local treatment was instituted:

℞.	Liq. Potassæ Arsenitis,	f.℥iijss.	
	Syrupi.	f.℥j.	
	Aquæ.	f.℥iij.	M.

A teaspoonful after each meal.

℞.	Iodinii,	gr.xv.
	Potassii Iodidi.	℥j.
	Aquæ,	Oj.

Ft.sol.

Use as an injection twice a day.

At the expiration of a week, the congestion of the cervix and the leucorrhœa were materially reduced; and at the close of the subsequent week, the engorgement was entirely removed, and the discharge *had ceased*.

Having used the local application in a number of cases of leucorrhœa, dependent upon engorgement of the cervix, with beneficial results, I have long regarded it as an efficient

remedy in the treatment of this exhausting disease.

But never having witnessed such *signal* benefit as was manifested in the case presented, I am disposed to attribute *more value to the constitutional medication.*

Dr. Hunt found arsenic a valuable remedy in *dysmenorrhœa*; and M. Imbert-Gourbeyre speaks of its "great utility" in the treatment of *vulvar pruritus.*

As *sterility* and *painful menstruation* may have their origin in a *diminished caliber* of the *uterine canal from* engorgement, it is rational to believe that the efficacy of arsenic depends upon the influence it exerts over *uterine engorgements.*

The value attached to the general treatment in the case reported, is enhanced by an article entitled "The necessity of associating constitutional medication with topical applications in the treatment of uterine diseases," read before "the Gynæcological Society of Boston," and published in the first number of the Gynæcological Journal. Arsenic has also been used with satisfactory results in the treatment of hæmmorrhoids, and from the efficacy which has been attributed to it in the therapeutics of the disease of the pelvic viscera, we are convinced of its special affinity and adaptation to morbid action in this section of the human organism.

CASE OF CIRRHOSIS AND BRIGHT'S DISEASE.

Reported by Jos. D. Lomax, M. D.,
Superintendent of Marshall Infirmary, Troy, N. Y.

The following case presents a somewhat unusual history; and a brief account of it may not be uninteresting to some of the readers of the Reporter:

The subject of it was a man aged fifty years, and of dissipated habits. In the winter of 1861 and 1862, while in the Army of the Potomac, he suffered from an attack of albuminuria, attended with dropsical effusions about the ankles and eyes. He so far improved under treatment that he was able to serve out the term of his enlistment.

In August, 1863, he was admitted into the Marshall Infirmary, and his disease recorded in the Hospital Register as ascites. He remained under treatment fourteen months, and during that period was tapped twenty-one times. The aggregate amount of serum drawn was about two hogsheads. The operation had to be repeated sometimes as often as every ten or twelve days.

The urine was frequently tested, and always found loaded with albumen, but dropsy was never detected in any other part of the body, unless the accummulation within the abdomen was permitted to become very great.

Finally, after he had been under treatment eleven or twelve months, the ascites ceased to return; and believing himself well, if not cured, he left the hospital in October, 1864. He continued to enjoy fair health for near five years, and was engaged most of the time in some laboring employment.

On the first of July just past, he contracted a severe cold, and dropsy once more set in, and on the 27th of the same month he was again admitted into the Marshall Infirmary. He was very feeble; the respiration greatly embarrassed, and his skin dry, rough and of a straw color. The abdomen was distended with fluid, and there was also considerable anasarca. His urine was tested, and so abundant was the albumen, that it coagulated in an almost solid mass. He gradually failed, and died on the 4th of August. His death seemed exceedingly easy. During the last forty-eight hours he laid in a semi-comatose state, and finally passed away without the least evidence of pain or even of distress.

An autopsy was made eighteen hours afterwards. The liver weighed two pounds and eleven ounces; the small lobe was contracted to the size of a goose egg. The weight of the kidneys was five ounces, and six ounces and two drachms.

The urine during the first eighteen months after his discharge in 1864, was tested several times, and always found rich in albumen.

RULES OF TREATMENT.

By Jules Le Carpentier, M. D.,
Fort Cummings, New Mexico.

SECONDARY SYPHILIS.

1. Mercury is a specific against secondary accidents of syphilis, but is far from being equally efficient in all cases.

2. Nine cases out of ten, of secondary accidents, may be subdued entirely without any mercury being administered.

3. Tonics and stimulants, given in proper quantities and in a proper way, are the best remedies against secondary accidents.

4. In rebellious cases, or in very severe cases, mercury must be prescribed, but its effects are greatly increased by the simultaneous administration of tonics and stimulants.

HOSPITAL GLEANINGS.

No. V.

By James B. Burnet, M, D.,

Of Newark, N. J.

I. CASE OF OLD ULCER.

James Harris, aged 64, a native of Portugal, was admitted to Bellevue Hospital on June 1st. He has had his ulcer two years; making slow progress, but still continually extending until his present treatment was adopted. The character of the ulcer was the worst possible, typical of an old man's ulcer. It extended from about half up the leg down both sides to the malleoli, and deeply eroding the tissues of the posterior aspect of the leg. The only spot of integument was in front, an inch broad. The surface of the ulcer was gray and offensive, continually covered with an unhealthy pus. The edges were hard, ragged, and entirely indisposed to granulate or extend themselves. Having been in the hospital a long time, and not being relieved, though almost every plan of treatment was adopted that promised relief, it was determined to try in his case the internal administration of *Opium*. From ten to twenty drops of Tr. Opii were administered three times a day, with the following remarkable results. In *five* days there were small spots of granulations, like little islands, springing up over the whole ulcer. In *eight* days the entire surface was clean, with profuse granulations, bleeding at the slightest touch, and perfectly healthy. It is now about *twenty* days, and there is a general advance of the integument over the ulcer, and where it was long and narrow in front, it is entirely healed. In this case is seen the direct action of the opium upon the ulcer. It is not a mere coincidence, for the sore has resisted everything, until the opium was given, when it immediately sprung into life.

II. CASE OF CHRONIC ABSCESS.

Owen Gillon was admitted to Bellevue Hospital on June 1st. Five months previously, he was taken with all the symptoms of an acute abscess on the right side. After it was evacuated, it continued to discharge until his admission. His condition at the time was pitiable enough. He was emaciated, weak, irritable, and unable to move. It was ascertained that the sinuses extended a long way up the back; the openings being about the crest of the ileum. He was ordered good diet, stimulants, and constant pressure. The pressure was kept up by Oakum compresses, held in place by adhesive straps. These were applied at the distal ends of all the sinuses, and there only. At the end of the four weeks, his abscess was healed. He is now strong, growing fleshy, and in fact, without a trace of the serious illness through which he has passed.

III. CASE OF TRAUMATIC PERITONITIS.

This patient, a man, was admitted to Bellevue Hospital, said to have been kicked in the abdomen during a fight. He had not considered himself much injured until the second day, when great pain in the abdomen and tympanites compelled him to seek admission to the hospital. Peritonitis was diagnosticated, and the patient was put upon Opium. The prognosis was very unfavorable, as the peritonitis was thought to be due to the rupture of an intestine. He lived but a short time. The *autopsy* revealed a great amount of peritonitis A rupture of the intestine was found in the ileum, about three feet from the cæcum, and in the mesentery opposite to the rupture was a slit, some two inches in length. There were no external marks of violence.

RUPTURE OF THE UTERUS.

By J. J. O'Reilly, M. D.,

Of Louisville, Ky.

Noticing in the last numbers of the Reporter a couple of cases of uterine rupture, I offer the following, not that it contains anything new, but with a view that it may be available as a statistic:

I was called to see Mrs. F. in the summer of 1867, and found her suffering with false labor pains. I ordered rest, and left word to be sent for if labor came on. Just one week afterwards I was called again to see her, found the parts moist and relaxed, the os dilated about one half, thin and distensible. Pains slow and feeble.

This visit was at two o'clock p. m. I visited her again at eight o'clock p. m., and found the head advancing, the os dilated to nearly its full extent, and the head entering the inferior strait. In fact the os was so pliant that I attempted several times, during a pain, to slip it over the occiput with the index finger. The presentation was Left-Occipito-Iliac. At this time the pains were never very strong; began to grow weaker and slower, almost to disappearance. Here, with all the parts relaxed, the head at the inferior strait, and mere want of expulsive force being all that was needed

to complete labor, I thought that now, if ever, the use of Ergot was indicated. I administered the Ergot at one o'clock a. m. From that time the patient complained of incessant pain in the back and stomach, but the head made no advance. At half past two, feeling uneasy about the constant complaints of the patient, I gave chloroform to ease the pain, as it was doing no good. Under its administration she felt some better. During all this time there was no vomiting, pulse good, skin moist. At half past three I made an examination and found the head as it had been for hours. A few minutes later the patient went to sleep and I also nodded in my chair for perhaps half an hour, when I made another examination and found the os closed and the head gone. Feeling in the abdominal region, I could trace the outlines of the fætus above the uterus. The patient did not express herself as feeling any way uncomfortable, nor had she any symptoms of sinking. Dr. Bayless was called in consultation, and performed gastrotomy. We found the uterus ruptured on its anterior surface, at the upper part of the middle third. The child, placenta, cord, and membrane had all passed into the peritonical cavity. The uterus had firmly contracted. There was not the slightest hemorrhage. The patient died in twenty-four hours. No post-mortem was allowed. The points of interest in this case are these :

1st. What had the ergot to do with the rupture ?

2d. Ought not the forceps have been used in place of ergot, or would not nature have completed labor without interference ?

3d. The patient gave no signs of intense pain at the time of the rupture, and felt easier after it.

4th. Complete absence of hemorrhage.

As regards the use of the ergot, I think it was justified by the symptoms ; if, indeed, there are any symptoms which justify it. The woman, although going around, had been suffering off and on for a week, and all the parts were in just such condition as authorities say they must be for its administration. Whether the rupture was due entirely or not to the Ergot, I am unprepared to say. The patient was in third confinement, and previous action of womb may have somewhat impaired its tissues.

As to the second point, should I have used the forceps ? It is my opinion now that the forceps should always be used in preference to ergot, and I am certain would have suited better in the present case. The forceps we can control, ergot we cannot. The forceps are as an aid-de-camp to a general—obeying his immediate commands ; ergot is like a bombshell—once sent forth are as apt to hurt friend as foe. I do not think the use of the latter can be too severely condemned in parturition, as time or the forceps will always accomplish the results intended to be brought about by it. The absence of hemmorrhage was owing to the fact that the whole contents of the uterus were expelled simultaneously, thus allowing a complete contraction of the organ.

I find a great many practitioners who, upon the slightest delay, are always trying to hasten labor, and who do not hesitate the least to use ergot ; if the recital of the above case can tend to make them more cautious, I am repaid for my trouble.

Curious Fact.

Circumcision is performed in both sexes eight days after birth. In the female, the whole clitoris is included in the section, and seldom any trace of it remains. Now, if we compare with this practice the one followed by the Bedouins, we will come to a very curious physiological fact. Seven or eight of the Massawah boys who had accompanied us became Christians in order to marry Abyssinian girls ; as Mussulmans, they had found some difficulties. They all told me that their countrywomen were cold and indifferent, and that they had never conceived what a woman's embrace really was until they had become acquainted with Abyssinian girls. We remember that the Bedouin females are deprived of the mucous lining of the vulva, the Abyssinians of the clitoris ; the first are cold, not to say frigid, the second the most ardent and sensual of women, living Messalines, always "*lasciatæ sed non satiatæ*."

Abyssinians are good walkers, and can endure abstinence. They are well made, and those in good circumstances, and who feed occasionally on raw meat, strong and healthy. They keep up to a very old age their virile power. Very old married men are no exception, and often we were not a little surprised to hear that one of their wives had given birth to a child, and that in cases where so many precautions were taken that no chance of a *faux pas* had been left to the fair one.—*Dr. Blanc.*

——It has been ascertained by experiments that the Cinchona plant may be as successfully cultivated on the hill slopes of British Burmah as at Darjeeling and on the Neilgherries.

Editorial Department.

Periscope.

Uses of Carbolic Acid.

Dr. C. F. J. Lehlbach, in the *Transactions* of the Medical Society of New Jersey, gives his own experience with carbolic acid as a remedy. We make some extracts from his article:

1. *As a Dressing to Wounds*, which could not be expected to heal by first intention. Here I have used carbolic acid in solution of five to twenty grains to the ounce of glycerine and water, with marked benefit, in arresting suppuration and exciting rapid granulation. In other cases a carbolized cerate has been used.

2. *In Carbuncles.* I know, after having used all the various classical and vulgar applications, of no better local treatment (general treatment never neglected) than *carbolized poultices*, and after a forced or spontaneous opening of the carbuncle, a tolerably strong glycerine—solution of carbolic acid, say ʒss. to ʒiss. to the ounce. It is remarkable how rapidly, under these applications, the ordinarily slow separation of the necrosed cellular tissue takes place, the destructive process ceases, and healthy granulations spring up.

3. In *Conjunctivitis*, particularly purulent. I have used it in about a dozen cases of conjunctivitis, both acute and chronic; in scrofulous cases, which are the most obnoxious to treatment. There is in my opinion no local application which can be compared to it in this disorder.

4. *In Burns and Scalds.* Its reputation in this class of injuries is well founded. In a number of cases which have fallen under my charge, among which two or three of a very severe nature, I have not seen a solitary case followed by a cicatricial contraction, always the result of excessive, deep and continued suppuration. In one case particularly its beneficial results were marked. A man stepped accidentally nearly up to his knees in a brewer's vat filled with beer, only a few degrees below the boiling point. From two inches below the knees down to the soles of his feet the epidermis was destroyed. Carbolic acid, dissolved in glycerine, and afterwards in linseed oil, was used from beginning to end. In five weeks he was able to go to his work, new skin perfectly smooth. In minor burns and scalds one application of the ordinary crude fluid article will almost invariably arrest the pain in a few moments, and prevent subsequent vesication.

5. *In dissecting Wounds and Pustules.* I had the misfortune of unconsciously scratching different parts of my hands during a post-mortem examination. In two days not less than seven dissecting pustules appeared on both hands. After having used nitrate of silver, ammonia, etc., etc., without benefit, until the glands in the axilla became painful and swollen, I resorted to carbolic acid. The pustules ceased to spread, dried up, the inflammatory areola disappeared—that was the end. Two weeks ago the same thing occurred again. The pustules of two days' growth were touched with carbolic acid once; that was the last of them.

6. *In various species of Impetigo*, and particularly of *porrigo*, in tinea favosa, there is no local remedy in my experience attended with better and more speedy results. In an inveterate case of *tinea favosa*, which occurred in a patient fifteen months of age, during dentition, having existed for nearly a year, resisting various modes of treatment, reducing the child by its irritative effect to a minimum of vitality, depriving it of sleep and interfering with the digestive and assimilative processes, and which had been pronounced by several physicians, advocates of *humeral* (*humerous!*) *pathology*, as beneficial, (because to cure the external disease would drive it *inward*,) carbolic acid was used for three weeks and a permanent cure effected. The mode of using the remedy was in form of ointment, as follows:

℞ Acidi carbolici, crystal, ʒi.
Sodæ sulphitis, ℥ss.
Glycerinæ, ℥iss.
Cerati simplicis, ʒii. M.

S. Ointment to be used three times a day.

The benefit derived from this application may have been owing partly to the sulphite of soda. But in other incipient cases of this class I have used carbolic acid alone, (acid. carbol. cryst. gr. xx., glycerinæ ʒss., cerat. simpl. ʒi.,) and a few days' application proved sufficient to annihilate the trouble.

7. *Mentagra*, or Sycosis. Used in two cases of barber's itch with rapid and complete success in form of ointment, as under 6.

8. *Scabies.* I have employed it here with decided success, (better success than with sulphur preparations alone) in conjunction with the latter. The following is a good ointment:

℞. Acid. carbol., crystal., ℥iss.
Flor. sulphur. ℥ss.
Sodæ sulphit., ℥ss.
Glycerinæ, ℥ii.
Cerat. simpl., ℥ii. M.

S. Ointment. Take a bath, or wash all over, morning and night, and then anoint thoroughly wherever the disease exists. The acari are generally killed in three to five days.

14. *Diarrhœa in Children.* Here I have found it of marked benefit. I give it in small doses. Carbolic acid has a most decided influence in arresting fermentative action anywhere, hence also in the intestinal canal. As a matter of clinical experience I say that I have found no combination of remedial agents better in Cholera Infantum, in children's diarrhœa (which, so unfortunately, under the *classic* medication of kino, catechu, that abominable chalk mixture, or worse, calomel, hydrargyrum cum creta, rhubarb, etc., etc., terminates in exhaustion, convulsions or marasmus,) than the following:

℞. Pepsinæ, ℥ss. to ℥i.,
Bismuthi, sub-nitr., ℈ss.,
Pulv. opii. gr. 1-6 to 1-2.
Acid. carbol. gr. 1-8 to 1-2.
Quiniæ sulph. gr. i to ij.

Divide in doses equales No. X.

This for a child from a year to a year and a half of age—a powder every two or four hours, as the case demands. In some cases the opium is omitted, or bromide of potassium given in its place.

Hospital Gangrene.

Dr. W. H. Doughty, in an article on this subject in the *Richmond and Louisville Medical Journal*, says:

If the practice of surgeons in hospital gangrene, be considered an index to their views as to the natural history and pathology, a single response, apparently intuitive in its character, is almost uniformly made to the inquiry, "How must it be treated?" "Burn it out" is the familiar expression of those who, although recognizing, to a certain extent, its constitutional features, yet act as is it could only be eradicated by potential caustics.

Whilst unwilling to pronounce this course reprehensible, we are nevertheless induced to ask if this is the only available treatment? We think not, and base the opinion upon our observation during the last year of the war, while in charge of the 2d Georgia Hospital, at Augusta, Ga. By reference to our notes, we find that between August 14th, 1864, and January 1st, 1865, twenty cases of hospital gangrene were treated in its wards in the following simple manner, with results as flattering as under any other heretofore employed. It embraced a thorough removal of the slough with the scalpel and scissors; cleansing with tepid water by mops and the continued use of *tar water* as a local disinfectant—this, conjoined with chalybeates, nutritious diet and free ventilation. Of this number, one died, who was over 50 years of age and worn out by privation and hardships, the disease occupying a large blister over the sacrum (which ought never to have been applied) its extent produced complete vital exhaustion. In only one case, was an escharotic employed—in this, there was a hard, indurated slough upon an inflamed base. It was deemed expedient not to use the knife for its removal as it was impossible to define the sensitive limits of the contiguous parts. Fifteen days form the average length of time for the full arrest and separation of sloughs and, in the cases reported, there was no recurrence of the infection as frequently happens.

In harmony with this course was the employment of turpentine, locally and internally, by some surgeons during the war—the results were regarded as very favorable to its exclusive use in many cases, and we venture to remark that not the least advantage derived from it was the *exclusion of powerful caustics.* Turpentine is a good solvent for the putrid slough, hastening its separation, and stimulating within safe limits the adjacent parts, and when internally administered, exerts its peculiar beneficial effects (not very well understood) upon the blood in the low states of the system, and when aided by good diet and tonics is doubtless adequate to the cure of the disease.

Tar water, somewhat akin to this, contains soluble ingredients of the original substance in small quantities, particularly pyroligneous acid and creasote, and as a simple disinfectant is very valuable. Indeed, we found it scarcely inferior to Labarraque's solution, certainly not so offensive, and when assiduously used, it corrects the effluvia so thoroughly as to prevent the patient from detecting his own offensiveness.

This is only one of a class of remedies capable of fulfilling this important local indication—perhaps it is really not superior to the chloride of sodium, permangate of potassa, pyroligneous acid and creasote; *carbolic acid*, the universal favorite and almost ridiculous hobby of the day, is probably the very best. Its power to arrest putrefactive changes, local and general, and to destroy the "septic germs" upon which the contagiousness and virulence of the foul malady depend, renders it peculiarly appropriate and determines its preferred use. Coal tar has been long known to be valuable as a disinfectant; this was employed during the war in hospital gangrene with excellent effect. Its active principle, carbolic acid, was not then available in a separate form, although Prof. Stille states that "not a few have found that it less completely corrected, than coal tar, the foul odors of gangrenous parts, probably because its sustained operation is more difficult to secure."

Such, gentlemen, is the outline of a mode of treatment which commends itself on account of its sim-

plicity, painlessness and efficacy. Some of the cases treated were severe, involving the tracts of balls through limbs and exposing large surfaces. They were not selected ones, but embrace all received during the time specified. We are indebted for the suggestion to Prof. Dugas, whose known conservatism tends always to simplicity in practice.

We append the following record of amputations performed for hospital gangrene, with their results :

Case 1. Private L. L., Co. C., first bat. Georgia sharp-shooters; employed as nurse at field infirmary; hospital gangrene contracted by inoculation, affecting second and third phalanges of little finger; amputated at metacarlo-phalangeal articulation, August 12th, 1863; stump heaped kindly; no recurrence of gangrene.

Case 2. Private W. J. M., Co. F., 41st N. C. regiment; received flesh wound (V. S.) September 19th, 1863, at Chickamauga; October 4th, gangrene reported, alternately exposing about five inches of tibia and fibula; constitutional condition so bad as to determine amputation at point of election, below the knee, October 7th. Gangrene returned on 11th October. Died October 20th from pyæmia.

Case. 3. Private J. W. W., Co. K., 30th Mississippi regiment; gunshot fracture of forearm and arm (right), received September 19th, 1863, at Chickamauga; both wounds gangrenous when admitted. October 8th, amputation through the deltoid. October 13, stump dressed and reported in good condition; October 14th, died at 8 A. M., in a protracted chill, doubtless pyæmic, although there was no appearance of gangrene about the stump.

Case 4. Private J. W. McC., Co. G., 18th Texas regiment; admitted with V. S. of right forearm (near the elbow) and arm (near the shoulder), received 19th September, 1863, at Chickamauga; both wounds became gangrenous with most extensive sloughing and intense constitutional depression; amputation at shoulder joint deemed expedient; performed October 13th; October 19th gangrene reported; died 25th from pyæmia.

Case 5. Private J. P., Co. D., 45th Mississippi regiment; gunshot fracture of forearm, ball entering near the wrist and emerging at the elbow; intense inflammation; threatening mortification. This was partially subdued by irrigation, when on 10th October, 1863, hospital gangrene appeared; on 14th amputated at middle third of arm; 19th gangrene reappears; 26th gangrene disappears; stump now granulating; patient subsequently furloughed.

Case 6. Private R. L. I., Co. C., 25th Georgia regiment, V. S., of left forearm and wrist, ball passing through the wrist-joint; gangrenous on 12th October; 16th October amputation at lower third of arm; infiltration having extended nearly to the elbow joint; October 19th gangrene recurred; October 27th it has disappeared again; stump in good condition; patient recovered and subsequently furloughed.

Remarks.- As far as the cases seen by me go, they authorize the following general conclusions, viz:

1st. After amputation for hospital gangrene, the almost uniform recurrence of the disease in the stump may be expected within seven or eight days. Possible exceptions exist in such cases as may be traced to direct inocculation (as case I), where the general infection is presumably less.

2d. In fatal cases pyæmia is the apparent proximate cause of death.

3d. Notwithstanding its recurrence, the mortality scarcely exceeds that from secondary amputations of equivalent parts in military surgery, the disease being still amenable to treatment.

4th. Amputation, therefore, may be regarded as an ultimate resource, in suitable cases, which promises something more than negative results; actually improving the chances of recovery in the face of a return of the disease. Hence is both legitimate and conservative.

Two out of the five major operations performed recovered, and when we remember that the conditions which determine the removal of a limb for hospital gangrene are even more desperate than those under which secondary amputations for wounds are ordinarily resorted to, the result really appreciates the practice.

It may be proper to state, also, that the patients were retained in hospital after being operated upon and subjected to the same general conditions of treatment as before.

On the use of Starchy Food for Infants.

At the meeting of the Obstetrical Society, of London, July 7, (*Medical Times and Gazette*,) a paper was read by Dr. Selby Norton, on Teething.

In this paper the author advocated the opinion that the maladies usually attributed to teething are due to the wide-spread and unphysiological practice of feeding infants on starch foods. He showed that starch was non-digestible by the infant stomach, partly because no minute division of the starch granules could be effected in the infant's mouth, and partly because, from the mode of feeding, the greater part, at all events, of the starch is passed at once into the infant's stomach without being rendered soluble by the ptyalin of the saliva. The diseases usually ascribed to teething—diarrhœa, convulsions, and bronchitis—in the author's experience never occurred in a naturally fed child; and, on the other hand, they occurred sometimes in the first month, where the teeth obviously could exercise no baneful influence, and they occurred, too, when the gums were quite cool and natural. After considering these diseases at some length, and show-

ing how often they could be directly traced to the irritation of bowel produced by starch food, he concluded by condemning altogether farinaceous food for infants, and advocating the sole use of cow's milk diluted with water.

Dr. T. Ballard said he was pleased to see some one come forward to support the "heretical" doctrine that teething was not a cause of infants' disease—a doctrine he had advocated many years ago. While so far, however, agreeing with the author of the paper just read, he could not coincide in his view that starch was such a patent cause of disorder. He did not think starch, *per se*, was harmful, though of course, it was not a substance on which an infant could be reared. With respect to the general subject of infant mortality, he thought that practical good would result from the inquiry if the Society could agree upon some formula of dietary for general recommendation of a simple and intelligible character. He would also lay much stress not only upon the importance of sufficient food, but on the importance of not allowing the bowels to act more than twice in the twenty-four hours. This could be effected by attention to the mode of giving the food; by not allowing an infant to suck without obtaining the food it craves, or to suck too hard to obtain it. In either case the bowels became disturbed, and diarrhœa was the result. Should this occur while the child is at the breast, the too frequent motions indicate the necessity of some supplementary feeding; or, if the infant be fed entirely from the bottle, there is probably some defect in its construction or action. Where maternal milk, in sufficient quantity, could be obtained, of course no other food was requisite. Next to this came the milk of some other animal, and, where circumstances required it, to this might be added some preparation of wheaten flour.

Dr. Phillips considered it injudicious to give any farinaceous food to an infant under six months old. The practice was as physiologically incorrect as it was practically found to be hurtful. The paper read had not convinced him that no evils were ever caused by teething; but he quite believed that the evil effects ascribed to teething were often caused or increased by improper feeding. At the Children's Hospital, instructions "How to bring up Babies," had been distributed with the best effect.

Dr. Brunton said that he also objected *in toto* to giving a child farinaceous food up to six or eight months. Up to that age, where suckling could not be carried out, he gave cow's milk and water, sweetened, increasing the proportion of milk as the child grew older.

Dr. Routh said that on no point was there more evidence than against the use of starch for infants before they had teeth. For—1. The assimilation of starch depended on its conversion into sugar by the saliva, but infants secreted no saliva for the first two or three months; 2. In infants dying after the use of starchy food, examination showed that it passed through the alimentary canal unchanged; 3. The alimentary canal of a baby was that of a carnivorous animal; 4. The food supplied to purely herbivorous animals recently born was animal. *Ergo*, starchy food should not be given to infants until, at all events, the appearance of teeth. He could not agree with the recommendation of cow's milk diluted with water, as a good food for infants. The milk, before it was purchased, was generally watered, deficient in cream, acid, and wanting in sugar of milk. If used at all, it must be mixed with lime-water, and sugar of milk added in the proportion of half to one ounce of lime-water, and a teaspoonful of sugar of milk to every half-pint of milk, with one third water. It should be begun early, even from birth, in all cases where it was clear beforehand that the mother could not nurse long. The idea that it was wrong to mix two milks was fallacious, and his experience had proved to him that the earlier it was begun the more readily the child's stomach bore it, and in nine cases out of ten a child so prepared could be weaned readily and with safety. To one other point only would he refer—the congregation of infants in nurseries. This was a most dangerous practice. The atmosphere generated under these conditions was most baneful, probably from the quantity of ammonia generated from the urine, as well as sulphuretted hydrogen and other noxious gases from the stools. Children required air, and pure air especially. Their respiration was more rapid than adults. Such congregation of infants, was always, therefore, a great cause of infant mortality. Malignant thrush, *muguet*, and contagious diseases spread like fire in such atmospheres.

Watermelon.

S. G. Weber, M. D., Boston, in the *Medical and Surgical Journal* of that city, says:

I do not find that people generally look upon watermelon as a desirable article of food when the bowels are loose. Several cases have come to my notice where that fruit seemed to be of benefit. Any one who has indulged in it may have observed its powerful diuretic properties, which are not dependent upon the amount of water ingested, for the same amount of clear water does not cause so copious an evacuation of urine.

This diuretic property of the fruit is an indication in favor of its use. The fruit is also notoriously cooling and refreshing. May it not derive this quality, and also its diuretic power, from a vegetable acid or salt, by virtue of which it has a general sedative action.

What has been said refers to the ripe fruit in good condition; if it is not perfectly ripe, or if fermentation has commenced, of course injurious consequences may follow its use. Also the largest melon is the best, if it is ripe and fresh. A generous supply

is necessary to obtain the curative effect. In two or three cases which have come to my knowledge, the fruit was eaten *ad libitum*. One of these, a gentleman, is in the habit, when troubled in summer with a commencing diarrhœa, of eating largely of the best and largest watermelon he can find; he says it invariably checks the diarrhœa, which afterwards gives him no more trouble.

A lady had suffered from a diarrhœa, which was growing worse; she had decided to take medicine in the afternoon. At dinner she eat watermelon, and thought no more of the diarrhœa. She had one passage after dinner, eat watermelon again at tea, and was afterwards entirely free. Usually, she says, it is necessary for her to take medicine.

A medical friend mentioned to me that he had seen the beneficial effects of watermelon in his own experience.

Will others give an account of their experience in this respect, or try the value of this remedy. It would certainly be one of the pleasantest medicines we could prescribe to tell our patients to eat as much watermelon as they desire. Would it not, too, be a refreshing and beneficial diet in cases of fever or feverishness? We give lemonade and neutral salts, why not give watermelon?

The Use of Obstetric Instruments.

Dr. Thomas Savage, Professor of Comparative Anatomy in Queen's College, Birmingham, says, in the *British Medical Journal:*

It seems remarkable that, until quite recently, so few practitioners should have advocated the more frequent use of the forceps in midwifery, except in difficult cases, such as the older writers describe. Mr. Steele of Liverpool, Dr. Hardy of Manchester, and Dr. Swayne, in the *Journal* of May 29th, have given the results of their experience, which is decidedly in favor of their use in cases where, as Mr. Steele says, "The second stage of labor ceases to be actively progressive, excepting, of course, when contraction or distortion of the pelvis necessitated turning or craniotomy, or where the os uteri is only partially dilated, and at the same time undilatable." My own experience, though limited, is so decidedly in favor of this practice, that I am induced to record it. The following table will show my practice:

64,	out of 73 labors	forceps	were used	3	times	or 1 in 24½
65,	" 154	"	"	15	"	or 1 in 10¼
66,	" 173	"	"	18	"	or 1 in 9⅔
67,	" 203	"	"	37	"	or 1 in 5¾
68,	" 204	"	"	31	"	or 1 in 6⅔
	807			104		

And out of these 807 cases, five children were still-born; and one maternal death occurred from puerperal fever, which was, as far as could be seen, in no wise traceable to the means used to accomplish delivery. In comparison with this, I may give the statistics of the Royal Maternity Charity, as quoted by Dr. Ramsbotham, where, out of 48,996 deliveries, forceps, long and short, were used 73 times, or once in 671.2 cases; and out of these 73 applications, 15, or 1 in 4.05, children were still-born, thereby showing that their use was not resorted to until the head had been for a long time subjected to excessive pressure. In none of my cases have I found any ill effects afterwards, such as laceration of the soft parts, or extensive rupture of the perinæum, etc,; and I cannot but think that more children would have been still-born if instrumental aid had not been forthcoming. The occipit-posterior presentation appears to offer most difficulty in effecting delivery; and Tyler Smith says that in these cases the head should be slowly rotated during the process of extraction, so as to bring the vertex towards the pubic arch, and thus convert them into occipito-anterior presentations; a proceeding which, to myself, has seemed very easy in a diagram, but to be attended with some difficulty in practice.

Reviews and Book Notices.

Across the Atlantic. Letters from France, Switzerland, Germany, Italy, and England. By Charles H. Haeseler, M. D. Philadelphia: J. B. Peterson & Bro. 1 vol., cloth. 8vo. pp. 397.

Dr. Haeseler made his visit to the old world in 1867, and saw most of those sights which have so much interest for all educated Americans. He describes them, and narrates in a pleasing and humorous manner his adventures. To be sure, adventures nowadays have become tame things in comparison with those of the good old times when a distressed damsel or a fierce dragon awaited the errant knight at every turn of the road. But a fair share of what such things there are, seems to have befallen our author, and his descriptions are vivid. Evidently he enjoyed himself in his European tour, and we hope many others may do the same in reading his account of it.

—— Dr. Heyfelder, formerly Professor of Clinical Surgery in the University of Erlangen, has lately died at St. Petersburg, where he held the office of consulting-surgeon of the military hospitals of that city. He was also a Councillor of State to the Czar. Dr. Heyfelder was the author of works on the diseases of children, from observations made at the Children's Hospital in Paris (1825); on suicide in its medico-legal aspect (1829); on cholera (1832); on the mineral waters of Wurtemburg, Baden, Alsatia, and the Vosges (1840); on the inhalation of ether and chloroform (1848-9); and on resections and amputations (1859). He was also engaged in various medico-legal missions on the part of the Russian Government, and made a report on the medical organization of the Prussian Army during the last war in Germany.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 4, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

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THE RESULTS OF SENSATIONAL NEWSPAPER-WRITING, AND MEDDLESOME LEGISLATION.

A few days ago a horrible occurrence took place in this city. A father was deliberately shot down and killed by his son. The latter was insane, but not to such a degree but that he lived with his family.

One of our most widely circulated dailies, referring to this terrible incident, speaks editorially as follows:

The journals almost every day teem with accounts of suicides and murders by lunatics who have been allowed to remain at large, or are subjected only to the restraints of home, who, if placed under proper treatment in a well-conducted establishment, might have been thoroughly restored to usefulness in a short time. No considerations of mistaken pride, or mistaken kindness, or fear of "what the world will say," should constrain the families of those thus afflicted to allow them to be at large, for their liberty is not only a peril to themselves and those connected with them, but to the whole community.

This has quite a different tone from these same journals a year ago, when the hue and cry about "Lettres de Cachet" was raised in an unscrupulous sensation monthly, and honest physicians were prosecuted and blackguarded for doing their best to protect society against just such assaults by insane persons.

When the public eats sour grapes, why do they find it so strange that their teeth are set on edge? If they sew the wind, what can they expect to reap but the whirlwind? If they countenance the persecution of skilled experts in insanity, if they throw obstacles in the way of sending the insane to hospitals, if they interfere with the physician when doing his duty, they must expect to turn the madmen loose on themselves, and need not complain nor feel surprised at the greater insecurity of life which is the consequence.

And we take this opportunity with pleasure to record a marked improvement of late in the tone of a portion of the public press. Less than a year ago a sensational daily of this city slanderously charged one of the editors of this journal with receiving bribes for certificates and testimony as an expert in cases of insanity. We then took occasion to point out the danger to the community of such a course as was being pursued by many newspapers at that time. It would be an interesting and fair subject of inquiry as to how many lives have been lost as the result of the publication of the sensational article "Lettres de Cachet" in the *Atlantic Monthly*, of May, 1868. We should be sorry to be responsible for the injury done by that article.

For awhile the New York *Tribune* was carried away by the hue and cry raised by that article; but one of its editors was induced to patiently and intelligently investigate the subject, since which time that paper has pursued a rational course on the subject, condemning real abuses, when such are known to exist, but showing an appreciation of the responsibilities attendant on the management of the insane. The *Tribune* has contained several items recently, from which we extract the following, which we commend to the notice of the general reader:

"The favorite sensation for the last year has been Lunatic Asylums, and a great deal of sympathy has been expended upon various unhappy patients who, in full possession of their faculties, have been consigned to Bedlam by mercenary relatives and venal doctors. Whatever may be said of the merits of individual cases, there can be little question that in some States the laws are lax enough to allow commitment to mad-houses without good evidence of insanity; but it is a curious coincidence that just while one of our courts is besought for the release of a patient said to be wrongly held at Bloomingdale, we have two awful lessons in the danger of permit-

ting insane persons to be wrongfully at large. Bruen, who murdered Mr. Buck, at Succasunna Plains, a few days ago, had been known for five years as a dangerous lunatic, whom it was necessary sometimes to lock up, yet he was allowed to go at liberty. The man who shot Mrs. Hobbs on Wednesday, in Boston was notoriously insane, and had once before attempted the homicide which he at last accomplished, and had been for a season locked up in consequence, The question may well arise, whether the relatives or friends who leave such dangerous characters to shoot people whenever they feel like it, are not as guilty as the man who turns a mad dog loose into the street. Perhaps there is more need of a law to enforce the restraint of lunatics, than to insure the liberty of the sane."

Again:

"Another sad evidence reaches us of the worse than folly of keeping lunatics out of the asylum. Henry Johnson, of Leominster, "being slightly deranged," his friends thought it enough to lock him up every night in his chamber. But this chamber had a window, through which the unfortunate and ill-treated—most inhumanly treated—man found egress, and running at once to a neighboring pond, committed suicide by drowning. We see little use in building and endowing lunatic asylums if the natural protectors of those needing such retreats for their own safety will thus, with fool-hardy benevolence, assume the responsibility of keeping the insane at home in many cases, thus precluding all hope of cure. But poor Henry Johnson is cured now!"

And a few days subsequently:

"It is painful, when one looks even cursorily into the newspapers for such cases, to find how many persons of unsound mind are still retained at home by their friends, instead of being sent to an asylum for the best medical treatment, in most instances with a reasonable chance of cure. Here in Butler county, Ohio, is one Thomas Kerwood advertised for, he having 'wandered from his home.' He is described as 'of unsound mind, and totally incapable of taking care of himself.' He has been gone four weeks, and a diligent search for him has been fruitless. Of course, the chances for his being still alive are not great, yet he might have been placed in a position of perfect safely, and tenderly and constantly cared for. Even while we are writing, another illustration of the fatal laxity with which the insane are restrained comes to our notice. At Brookfield, Mass., on the 13th inst., Mrs. Brown committed suicide, taking her infant child with her into the water, both mother and child being drowned. Here are two lives gone, both of which might have been saved, one of them being that of a babe absolutely dependent upon the care and tenderness of others for existence. The officers of the law are usually extremely unwilling to interfere in such cases, particularly when the afflicted is of respectable family; but if this evil goes on much longer it will be necessary to treat lunacy once more as a *quasi* crime.

"Observe for another instance the case of Mrs. M. C. Young, of Nashua, N. H. This lady, described as 'estimable,' was subject to fits of epilepsy, which are well known to have a suicidal tendency. She often avowed her intention of committing suicide, and last Friday, having procured an ounce of laudanum, she effected the purpose which she had avowed. She is much lamented, having been a lady worthy of general esteem. The proper place for her was in an asylum, and if she had been sent to such an establishment she would probably be living now—not in good health, perhaps, since her disease was nearly incurable, but capable during life of a certain amount of enjoyment."

And finally, for the present—for, as the *Tribune* intimates above—there is no end to these cases, if the attention is called to them. We have little doubt but, take the country through, one could be recorded for every day of the year. The *Tribune* says:

"Once more we have to call attention to gross negligence in the case of an insane person. While a lunatic named James Hurley was being taken, last Friday, from West Roxbury, Mass., to the Taunton Asylum, he jumped from the train, the wheels of the car passed over his legs, and his injuries were so great that he lived only thirty minutes after their infliction. We do not propose to insult the reader by arguing that this unfortunate man might have been safely transported. So much we assume as a matter of course. It follows that those having the patient in charge were unfit for their business, and should never, either by public or private authority, be intrusted with the care of a lunatic again."

DEAN SWIFT AND DARWIN.

The biographer of Swift declares that the latter, after failing in his effort for church preferment, withdrew in dignified retirement, and devoted eight hours a day for some seven years to reading somewhat indiscriminately whatever happened to come in his way. Among other things he at times showed a partiality for natural history and medicine. That he succeeded in the latter his disquisition on madness is a tolerable proof, and that he knew something of the former his humorous idea of progressive development ought to be a sufficient evidence.

It is a curious fact, which up to the present we believe has excited no special comment, that the worthy Dean of St. Patrick's, in one of his many freaks of grotesque humor, has given a wonderfully apt exposition of the theory of progressive development as expounded at the present day by Darwin.

Unless Darwin believes with Huxley that all fine writing, unless confined within the narrow bounds of objective science, is "Literary caterwauling," he has probably refreshed himself at times from his exhausting labors with Swift's inimitable satires, but we would scarcely dare to venture the opinion, or even the remotest shade of suspicion, that he was at all indebted to the author of Gulliver's travels for the leading idea of his work. It simply shows that the preacher "was not a great ways from the truth when he exclaimed that there was nothing remarkably fresh under the sun." We need not, therefore, be surprised

if Swift, in his droll way, anticipated what is now by many regarded as the most exact theory concerning the origin of species. We refer our readers to the Dean's essay upon the "mechanical operation of the spirit," from which we take the following extract, and leave them to draw their own conclusions. Speaking of the distinction between an effect of nature and one of art, he says, "Besides, there is many an operation which, in its original, was barely an artifice; *but through a long succession* of ages, *hath grown to be natural.* Hippocrates tells us, that among our ancestors, the Scythians, there was a nation called Long-heads, (macrocephali,) which at first began by a custom, among mid-wives and nurses, of moulding and squeezing and bracing up the heads of infants; by which means nature, shut out at one passage, was forced to seek another, and finding room above, shot upwards in the form of a sugar-loaf; *and being diverted that way for some generations, at last found it out of herself, needing* no assistance from the nurse's hand. This was the original of the Scythian Long-heads; and thus did custom, from being a second nature, proceed to be a first. To all which there is something very analagous among us of this nation, who are the undoubted posterity of this refined people. For, in the age of our fathers, there rose a generation of men in this island, called Round-heads, whose race is now spread over three kingdoms, yet in its beginning was merely an operation of art, produced by a pair of scissors, a squeeze of the face, and a black cap. These heads, thus formed into a perfect sphere, in all assemblies were most exposed to the view of the female sex; which did influence their conceptions so effectually that nature at last *took the hint, and did it of herself.* So that a Round-head has been ever since as familiar a sight among us as a Long-head among the Scythians."

—— Professor Purkynje, of the University of Prague, died on July 28th, in his eighty-second year. His name has been for many years honorably known in connection with the advance of physiological science. His funeral was attended by deputations from Breslau, Agram, Brunn, and Vienna, by the municipal body of Prague, by representatives of the University and of other bodies, and by a large concourse of people. Before his funeral, his body, clothed in black, was exposed to view for a day in the lecture-hall of the Physiological Institution. On the day of his death, a diploma raising him to the rank of a Knight of the Austrian Empire was sent to him from Vienna—an honor given too late.

Notes and Comments.

Carney Hospital, Boston, Mass.

The Medical and Surgical Staff of this institution have issued a circular stating its claims upon the benevolence of the community. The Consulting Board consists of Doctors H. I. Bowditch, Winslow Lewis, C. G. Putnam, M. K. Hartnett, D. McB. Thaxter, and H. R. Storer. The members of the Visiting Board are Doctors Hugh Ferguson, F. B. Greenough, F. I. Knight, S. W. Langmaid, S. G. Webber, and John Homans. The appeal says:

The hospital was built by funds given by the late Andrew Carney, Esq., who *intended* to have properly laid out the grounds around it and to have sufficiently endowed it. Unfortunately Mr. Carney died without doing so. The hospital, therefore, remains in debt, causing great anxiety and labor to the excellent Sisters of Charity who devote themselves to it. The hospital is finely situated on the brow of Mt. Washington Heights in South Boston, overlooking the city and its adjacent harbor, and also commanding extensive views of the neighbouring country.

It has several large wards and many private rooms, in which latter any regular physician in the city can attend his patients as he would in a hotel, subject of course to the rules of the institution. In addition to the wards for acute and chronic diseases and surgical cases, there is also a lying-in ward and one for children. The hospital is not strictly a Catholic institution, although under the fostering care of the Sisters of Charity. Every patient, by the express will of the founder, has a perfect liberty to see clergymen of any denomination he or she may choose.

It has been open since June, 1863, but only in the new parts since 1868. Six hundred and sixty-five patients have been under treatment. Forty is the average number now under its care. The Sisters in attendance will always be happy to show the arrangements of the house to those who may wish to visit it, and if any one feels disposed to contribute to its means of usefulness, communication may be held with either member of the Consulting or Visiting Board.

Insanity in California.

As an illustration of the prevalence of insanity on the Pacific coast, a correspondent states that on the 2d inst. no less than four men were sent to the lunatic asylum, and adds: "Californians live continuously in a perfect whirl of feverish excitement, enduring an amount of wear and tear of body and brains not equaled in Wall street itself. There are few old Californians to be found who have not been rich and poor again at least a half dozen times, and most of them are poor now."

Boston Physicians.

A correspondent of the California *Medical Gazette* says: The Boston Directory for 1869, which has just been issued, contains the names of 303 physicians, members of the Massachusetts Medical Society; 40, members of the Massachusetts Homœpathic Medical Society; 11, members of the Massachusetts Eclectic Medical Society; 76, who attire themselves in female garments, and 200 "other physicians." One of this latter class delights himself in the title of "analytic physician;" another practices "naturepathy;" another goes it upon "equalizing" principle—this may be supposed to refer to pockets; another strengthens weak finances by the "Swedish Movement Cure," the word movement, probably, indicating frequent change of residence; another is a "magnogethist," and still another is satisfied to proclaim his merits in good old plain English as a "bone setter." Many of the apothecaries also transcend the legitimate limits of their vocation and furnish advice and drugs at a slight advance upon the regular charges for the medicines furnished. The city, including the newly acquired districts of Roxbury and Dorchester-end, —none of the practitioners of the healing art referred to in the above statistics reside in these districts— contains about 230,000 inhabitants. Probably one half of this number receive gratuitous medical advice, one half of the remainder employ Homeopathists, Eclectics, and others outside of the pale of the regular profession, leaving the latter less than 200 paying persons to each Physician.

Liquor Selling by Druggists.

We have, on several occasions, spoken of the well-known fact that some druggists carry their wine and liquor selling propensities "for medicinal purposes only," to an extent that should render them liable to the penalties of selling liquors without license. A correspondent of the *Independent*—one of our most valued exchanges writing from—Michigan in the interest of temperance, says:

An incident of a few days since illustrates the proclivities of our apothecaries. An urchin of some six summers and a jug came into a prominent dry-goods store, and the lad called for a gallon of whisky. "Whisky!" exclaimed the astonished clerk, "we don't keep it. Who sent you?" "Mr. ——," naming a well-known rum-seller. "Where did he send you?" continued the clerk. "To ——," naming a firm of druggists—temperance men and church-members. "Ah, indeed!" said he of the tapes. "You are in the wrong pew." The lad was soon righted, however, and the jug was filled. While things are thus, need one wonder that intemperance holds its own. When rum drinkers can get their daily drams at respectable (?) drug-stores need one be surprised that drunkards exist? When rum-sellers supply their bars from the cellars of druggists is it at all strange that the public has not spirit enough to enforce the prohibitory law against these same rum-sellers? It would only improve the apothecaries' retail trade by decreasing the opposition.

Praiseworthy Action.

At a meeting of the Adams County Medical Society, at Quincy, Illinois, on the 9th of August, a resolution was passed and forwarded to the editors of the local papers, which is worthy of praise and imitation. It was as follows:

WHEREAS, The publication of accidents and surgical operations in the daily pints, connected with the name of the medical attendant, may injure his standing in the profession, and subject him to censure, by creating the presumption that he has, in violation of the code, reported the case for publication, therefore,

Resolved, That the editors in this city be specially requested to omit the name of the attending physician or surgeon—if a member of this society—in every case of accident or disease they may see fit to publish.

We like this, and it is done in the right spirit.

Excision of Hip in Morbus Coxarius.

At a meeting of the Michigan State Medical Society last June, the following resolution was adopted:

Resolved, That Dr. Henry F. Lyster, of Detroit, be appointed a Committee of one to prepare a report on the operation of Excision of the Hip Joint, with especial reference to the statistical results, and that he be empowered to have blanks printed at the expense of the Society, to be sent to all surgeons who have recently performed the operation, in order that this report may embrace information that cannot be found in books and journals.

Dr. Lyster will be glad to receive information from any one who has performed the operation, and is prepared to furnish blanks for the purpose.

Another Impostor.

A fellow calling himself "Dr. Mott, of Philadelphia," is imposing on the people of Vevay, Rising Sun, and other villages in Indiana, pretending to be a graduate of the Jefferson Medical College of this city and distributing a recommendation signed by the professors of that college.

We are authorized to say that no such person was ever at the Jefferson College, that the recommendation is a fraud and a forgery, and that Dr. Mott is an impudent imposter and charlatan.

Dr. McClellan.

Dr. Henry M. McClellan, one of the leading physicians and most esteemed citizens of York, Pa., died suddenly on Saturday evening, August 14, at 7 o'clock. The day previous he was attending to his professional duties apparently in good health, but at an early hour on Saturday morning he was attacked with apoplexy, and remained insensible until death ensued. His remains, followed to the grave by a large concourse of citizens, were interred at the Presbyterian grave-yard on Monday evening last at half past five o'clock.

Correspondence.

FOREIGN.

LONDON, July 31, 1869.

Sir William Ferguson.

EDS. MEDICAL AND SURGICAL REPORTER:

It was my privilege to-day to see the man who is conceded to be the coolest and most dexterous operator in Europe, if not in the world—Sir William Ferguson, Sen. Surgeon of King's College Hospital. The medical profession throughout America are so well informed as to the skill and success which has rendered him so noted as a brilliant operator, as well as the wisdom and facility with which he has moved his pen as a writer, that I will not dwell on these points. But I suppose not one out of each hundred of the readers of the REPORTER has ever seen, or ever will see the man. I will, therefore, give him a very brief pen sketch. He came into the operating theater at 3 o'clock, p. m., during an operation for varicocele, by Mr. H. Smith, Assistant Surgeon.

As soon as he entered the theater all eyes were upon him, as the word, in suppressed tone, went round the seats, "Sir William." (I mention this to show in what estimation he is held here.) It is proper to remark that this sensation, when he arrives, is not confined to foreign students or physicians, who may be present, but involves residents of London. He was dressed in grey-mixed pants and vest, blue frock coat and ruffled shirt bosom. He stands at least six feet, well proportioned; head large; forehead high; great prominence over eyes, which are keen and piercing black; has silvery curling locks, but quite bald on top of the head; nose large, slightly aquiline; countenance pleasant, and beaming with intelligence. His gait deliberate but natural.

Handing him my card, as is the custom for foreigners, he gave me a hearty Scotch grasp of the hand, saying "I am always glad to see American physicians."

His cases to-day were not of much interest in themselves, but were of great interest to me because they afforded an opportunity to see this great master manipulate.

Case 1. A woman who had suffered severely of puerperal fever seventeen months ago; now has almost complete anchylosis of the left shoulder joint, from adventitious deposit. The limbs almost useless, as the adhesions are very firm. General health now good. She was chloroformed, and Sir William manipulated until pretty free use of the joint, in all directions, was obtained.

Case 2. A girl, aged 24, has suffered for four years of stricture of the rectum about the sphincter and above. Has resisted all treatment, so that now a small groove director can barely be passed. There is extensive fibrous deposits in posterior wall of rectum. The poor girl also suffers of hemorrhoidal tumors.

Operation.—The index finger introduced and the anterior wall of rectum pushed out of the way, a common bistoury was boldly thrust in and the stricture lacerated till a rectal bougie of large size could be freely passed. Then the hemorrhoidal tumors, some of which were internal, and others external, were drawn out and clipped off, without ligating. A sponge tampon was applied with bandage.

All the movements of this distinguished surgeon are without apparent effort, or display; and yet his results are singularly rapid.

After his operation, he addressed the gentlemen present briefly as to the cases. His style as a speaker is exceedingly plain and simple—"conversational" expresses it exactly—and I am informed that he never departs from this style. The Scotch accent is also very manifest.

He came to Kings College Hospital to fill the chair of the lamented Mr. Liston, his former preceptor. The position was, however, filled for a time after the death of Mr. Liston by another eminent Edinburgh Surgeon.

Sir William was made a Baronet recently by the Crown, in acknowledgment of his distinguished professional attainment. He is proprietor of a landed estate in his native Scotland.

Mr. Wood, another Surgeon connected with King's College, operated to-day for non-united fracture of the ulna. He exposed the ends of the bones, and showed that there was muscular and membranous deposits between them, which must forever preclude possibility of union. He sawed extremities of fragments off, drilled and wired them, which is the procedure always resorted to here with bones that are moveable, especially—and as Mr. Wood claims with almost uniform success. The lower fragment was held during the drilling with a pair of Furgison's iron forceps. Mr. Wood is the author of a valuable new work on diseases of the rectum—and the originator of a noted and exceedingly ingenious operation for the radical cure of hernia.

I shall go up into the Switzerland mountains for a week or so—thence to Paris—from which I shall probably return to London—and will try and give more next time. REAMY.

DOMESTIC.

Poisoning by Mushroom.

EDS. MED. AND SURG. REPORTER:

I lately met with a singular and interesting case of poisoning by a kind of Mushroom, which on account of its rarity and peculiar symptoms or effects, I have deemed worthy of presenting to your many readers.

The victims were two children, aged 10 and 12 years. They had collected a large quantity of dark

brown or black looking mushrooms which grows in wet manured gardens, or on old rotten stumps or logs, and after stewing them, they ate quite heartily. They were eaten at five o'clock in the afternoon, and that evening about eight o'clock, the parents were surprised to see their son act like one with "Mania-a-potu," screaming *snakes*, seeing them on the bed, the wall and floor, shrinking and crouching behind his father to get out of their way. Getting worse and impossible to pacify, the father sent for me in a great hurry. Before reaching the house, I heard the boy screaming with all his might, the neighbors in a state of great excitement over the case—suggesting this, that, and the other, and when I stepped in I found the boy looking wild and frantic—his father, a strong man, doing his best to hold him. His vision was distorted, pupils slightly dilated, delirious, and a singular *horror* and fear of *snakes*, lasting for two or three hours. The stomach seemed to be completely paralized, the milder emetics producing no impression.

I gave at first, large doses of Ipecac with warm water, then Tartar Emetic without producing emesis. Finally, a large dose of Zinci Sulphas was administered, followed by copious vomiting, the patients discharging each over a pint of black mushrooms, which had the appearance of having undergone no change, although they had been eaten four or five hours *previously*. The *awful* horror of snakes in both cases was very *remarkable*—the patients imagining them on their bodies, crawling over them. The amount of screaming, shrinking, shuddering, and *kicking*, was perfectly appalling to witness. In a half hour after vomiting, they were almost entirely relieved of those dreadful symptoms.

When I left the house, all was quiet, I having ordered a purgative for the next morning.

DAVIS L. FIELD.

Extra Uterine Pregnancy.

EDITORS MED. AND SURG. REPORTER:

I notice a controversy going on in your journal, between Drs. Palmer and Roebuck, in reference to the duration of Pregnancy in cases of Extra Uterine fœtation, after full term.

I have no disposition to interfere in this controversy, but as reference to the record will set the matter at rest, and, in order that Dr. Palmer may be understood in his position, will you be kind enough to allow me to quote the last paragraph of Dr. P's article published in MED. AND SURG. REPORTER of May 29th.

He says: "So far as I am able to learn, this is the first case on record where Extra Uterine fœtation has gone on to and beyond the full period of gestation, and in no case (except the case I have reported) has the pregnancy extended beyond four and a half months."

In this declaration Dr. Palmer makes a very great mistake, and shows himself somewhat at fault in his knowledge of recorded cases where pregnancy has gone on, not only for months, but for years.

In vol. Fifth, page 104, Medico-Chirurgical Transactions, is a case reported where the child was retained for fifty-two years, the mother dying at the age of eighty years.

In the same conection a case is given where the child was retained five years, the mother in the meantime becoming pregnant with another child.

Vol. Second, page 114, American Jour. Med. Sciences, Dr. Heiskell, of Winchester, Va., reports a case where pregnancy went on for forty years, the mother dying at the age of seventy-five years.

Vol. Seventh, page 488, *Ibid*, Dr. Wilson reports a case where the patient had had eight children, became pregnant with the ninth, went to full term, but was not delivered. In eighteen months afterward was delivered of a child in a natural labor. Died at the age of seventy-five years, having carried the extra fœtus thirty-seven years, and in the meantime giving birth to her tenth child.

Vol. Eleventh, page 348, *Ibid*, Dr. Yardley reports a case where the child was retained for fifteen years, during which time the woman was delivered of a full grown fœtus, at term, with the removal of the Extra-Uterine fœtus, and complete recovery of the patient.

Vol. Twelfth, page 279, *Ibid*, Dr. A. H. Stevens, of New York, reports a case in which a *full grown* extra fœtus was removed by him by the operation of gastrotomy, ten years after conception, with complete recovery of the patient.

Vol. Thirty-six, page 44, *Ibid*, Dr. Johnson reports a case where four years and six months after completion of full term, the fœtus was extracted per anum, with complete recovery of patient.

Vol. 45, page 252, *Ibid*, is a case reported where the fœtus was carried fifty-four years; in the meantime the mother bore two children, dying at the age of eighty years.

This list of cases could be considerably extended, as we have before us reference to fifty or more cases where the pregnancy has gone on from months to years; but a sufficient number of these curious and interesting abnormalities has been given to convince Dr. P. of his mistake in reference to the importance of his case, although interesting in itself, and for which we are under obligations to the Dr. for his excellent report.

J. W. HADLOCK, M. D.

Cincinnati, O., August 10th, 1869.

——"Do you think, doctor," asked an anxious mother, "that it would improve little Johnny's health to take him to the springs, and let him try the water?" "I haven't a doubt of it, madam." "What springs would you recommend, doctor?" "Any springs, madam, where you will find plenty of soap."

News and Miscellany.

——Among the bequests of the late Philip Maret, of New Haven, is one amounting to one-fifth of his property, being about $146,000, to the Conecticut State Hospital, the income of which is to be applied in providing free beds for the indigent patients, giving preference to those incurably affected, if such are admissible.

The Memorial of Trousseau.

The friends of M. Trousseau have succeeded in collecting a sufficient amount of subscriptions for two busts of this celebrated physician and clinical teacher. One of the busts—a marble one—is in the hall of the Faculty of Medicine; the other, of bronze has just been placed under the peristyle of the Hotel Dieu. The amount collected has been sufficient not only to defray the cost of the busts, but also to enable each subscriber, whose address is known, to be supplied with a photographic copy.

A Difficult Time With the Savants.

When the Abbe Moigno undertook to introduce the stereoscope into France, he first took the instrument to Arago and tried to interest him in it. Arago, however, has a defect of vision, which causes him to see double; when he looked into the steroscope accordingly he saw only a jumble of four pictures. The Abbe then went to M. Savart, another distinguished member of the Institute, but M. Savart had only one eye, so he tried M. Becquerel. M. Becquerel was an excellent authority on elictricity, but paid little attention to optics, for the excellent reason that he was nearly blind. M. Pouillet of the Conservatoire des Arts et Metiers was next applied to. He listened with deep interest, but unfortunately he squinted, and therefore, could see nothing in the instrument but a fog. Lastly, M. Biot's zeal was invoked, but M. Biot was a very enthusiastic defender of the theory of the emission of light, and until he could be assured that the new instrument did not contradict that theory, he *would* not see anything in it. The stereoscope got into France after a while nevertheless.

[Notices inserted in this column gratis, any are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

Lincoln—Tyler. August 24, by the Rev, Dr. Tyler of Amherst College, Mass., Dr. R. A. Lincoln and Caroline C., daughter of the late W. H. Tyler of Pittsfield, Mass., both of New York.

Miller—Landis August 10, at Oxford, Chester county, Pa., by the Rev. Alexander M. Wiggins, Abner M. Miller, M. D., and Sallie J. C. Landis, daughter of M. P. Cooper, Esq., all of Enterprise, Lancaster county, Pa.

Rembaugh—Crum. At Nyack, Rockland county, N. Y., at the home of the bride, August 17, by Rev. M. Marvin, Alonzo C. Rembaugh, M. D., of Philadelphia, Pa., and Miss Martha B. Crum.

DIED.

Gates. In Yonkers, N. Y., August 21, Carlton Gates, M. D.

Hazelton. In Cavendish, Vt., August 8, Franklin, oldest son of Dr. D. W. Hazelton, aged 16 years.

Hunt. Suddenly, at his residence in Windham, Conn., August 20, Chester Hunt, M. D., aged 80 years.

Pearson. August 16, Maude Carroll, daughter of Dr. John C., and Josephine B. Pearson, of Urza, Ill., aged 1 year, 10 months, 19 days.

QUERIES AND REPLIES.

Dr. H. N. K., of Illinois, writes—"Hereafter you will please send the *Reporter and Compendium* to me at Pana, Illinois."

Ans.—Very well, but very indefinite. Where were you originally?

G. & Co., Ohio.—The Pennsylvania Hospital Reports are issued in January; price $5. Volumes have been issued for 1867 and 1868.

Messrs. Editors.—Will you inform me in your answers to correspondents what *refined lime* is, or whether it is known by any other name? Our druggists do not know it by that name. G. A. C.

Dr. P. H. P., of Pa. asks for a monograph on the exanthematæ.

Ans.—There has been none recently published as a separate work.

Dr. J. H. T., of N. Y.—A hand atomizer costs $4.50, to $6.00.

Dr. A. G. C., of Pa.—The Pocket Record costs $1.50; a Throat Minor $——; a Vaccinator $2.50; Nunnelly on Erysipelas $5.25.

Healthy Grammar.—*Messrs. Editors*—Please settle an *important question.* In Reporter, July 31, page 105, Prof. Thomas' direction read thus: "Two tablespoonfuls," &c We sometimes see "spoonsful," and sometimes "spoonfuls." Professional men ought to agree better. M. De F.

Ans.—We pronounce *ex cathedra* in favor of "tablespoonfuls." The plural sign should end the word by all analogy.

Puerperal Convulsions.—*Messrs. Editors*—Methinks would physicians take more pains to distinguish between the genuine apoplectic and the hysterical or purely nervous forms of *puerperal convulsions*, there would not be so many condemnatory notices of the efficacy of Bromide of Potassium in this complaint. I take it, in the former, *bleeding* is the sheet anchor; in the latter, the bromide is probably unequalled by any other nervous sedative.

Jersey Doctor.

METEOROLOGY.

AUG.	16,	17,	18,	19,	20,	21,	22.
Wind.....	W.	N. E.	S. W.	S. W.	S. W.	S. W.	N. W.
Weather.	Clear	Cld'y	Clear	Cl'dy	Clear.	Clear	Cl'dy.
Depth Rain	fog.	fog.	fog.	fog.	fog.		
Thermom....							
Minimum..	72°	64°	61°	62°	66°	74°	72°
At 8, A M.	78	70	68	72	77	85	80
At 12, M...	80	73	74	77	91	93	82
At 3, P. M.	83	74	81	83	92	95	83
Mean.....	78.25	70.25	71.	73.50	81.50	86.75	84.25
Barometer..							
At 12, M...	3.01	30.2	30.2	30.2	30.1	30.	30.2

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 654.] PHILADELPHIA, SEPTEMBER 11, 1869. [Vol. XXI.—No. 11.

Original Department.

Communications.

DESCRIPTION OF A NEW UTERO-VAGINAL SPECULUM.

By Albert H. Smith, M. D.,
Lecturer on Obstetrics to the Philadelphia Lying-in Charity.

The need of a vaginal speculum which would give more extended field of observation, and be applicable to a large range of cases, has probably been felt by every one who has treated diseases of the female reproductive organs, and it is scarcely likely that an instrument, which is perfect in its construction and applicability to all the various requirements of diagnosis and treatment, and which will combine in itself the advantages for all the various forms of specula, will ever be invented.

The valve speculum, either bivalve or quadrivalve, has usually had the preference over the cylindrical, from the facility of introduction, its better retention by the vagina, and its more ready adaptation to various conditions of size and position of the cervix. For some purposes of treatment, especially, the cylindrical must always have an advantage, as in case of application of leeches, or of medicinal solutions, from the action of which the vagina should be protected; in cases in which no portion of the vagina should be exposed.

Two disadvantages, however, attend the valve speculum, and especially the bivalve, which is now so much in use, since the admirable modification of Cusco, viz., the difficulty of examining in cases attended with great vaginal relaxation, from the tendency of the vaginal walls to encroach upon the field of view, and the impossibility of getting free access to the cervix with instruments and with the finger in cases requiring operative treatment.

To obviate these difficulties a double vaginal retractor is needed; and two instruments have been introduced to the profession with a view to this end, viz: Sims' duck-bill, and the "new expanding" speculum of Mr. Ellis, of London.

In Sims' speculum we have everything we require in such an instrument, by using two separate blades, introduced upon opposite sides of the vagina; but this involves the necessity of an assistant to hold each blade in a separate hand; and inasmuch as the assistant cannot have his eye upon the blade in its whole course, to enable him to hold it in the right direction, the operator must constantly correct the mal-position of the speculum.

Mr. Ellis' speculum, exhibited to the London Obstetrical Society in 1867, and described with the aid of a diagram in their transaction for that year, ingeniously attempted to overcome the difficulties above mentioned, by adapting to the principle of Cusco's speculum, a mechanism by which the blades separated throughout their entire length, with a parallel movement, in addition to having the ordinary angular expansion of the bivalve. This instrument is no doubt familiar to your readers. The mechanism, however, was clumsy and awkward, and probably for this reason the speculum has not come into use. To carry out this same idea, and produce the same movements, an instrument was described by Dr. Hough in the last number of *Hays' Journal*, (July,) but which has nothing new in its action over Ellis'; it is even more complicated and unmanageable in its mechanism. Mr. Kolbe has, however, designed a speculum recently upon the same principle, which is exceedingly neat and simple in construction, fulfilling all the uses of

Ellis', and being very much lighter, and more easily managed, seems to me to be really a very admirable instrument—a vast improvement upon the old bivalve or Cusco's.

This speculum, however, having its vulvar aperture a closed ring, does not allow access to the uterus with the finger in operative cases.

About a year ago, before either of the last two mentioned were proposed, I suggested to Mr. Kolbe to make for me a speculum which would combine the double movement of Ellis'—that is, the parallel and angular movement, with the shortness of blade and entire separation at the vulva secured by Sim's; having an advantage over the latter in being self-retaining.

The instrument, as constructed, is light and neat; simple in its mechanism, and easily managed. The blades are three and one-fourth inches in length, and one and three-eighth inches wide. Instead of being connected by a ring at the vulvar end, they are entirely separate; each one moving independently upon its own pivot; the two pivots being fixed upon slides, which move in turn upon a fenestrated bar. These slides are made to fit accurately upon the bar, so that a steady movement in the separation of the blades is secured; this movement is effected by means of a double (or right and left) screw placed under the bar, and passing through nuts in the lower extremities of the pivots upon which the blades rotate. When the instrument is closed, the turning of this screw by a small milled wheel in the centre separates the slides, causing the center blades to recede in a parallel movement from the centre of the bar; and a contrary turn of the screw will again cause the pivots to approach each other. Thus, the parallel separation of the blade is brought about by the simple turning of a single screw, underneath the instrument, sufficiently out of the way not to interfere with its application nor increase its bulk materially. The angular separation of the blades is made by means of small handles attached, as in the ordinary valvular speculum, and the blades are retained in position by a screw and nut, similar in arrangement to that used in Cusco's, except that each blade, moving upon an independent pivot, requires its own screw adjustment, this being attached to the slide upon which the blade moves in the parallel separation.

Fig. 1. Gives a profile view of the speculum closed for introduction, with the double-screw mechanism for the parallel separation of the blades.

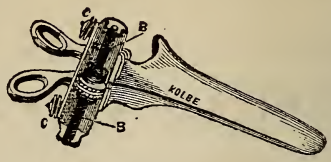


Fig. 2. Shows the instrument from above, after the blades have been separated, in parallelism, without any change in their angle to each other.

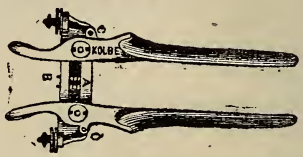
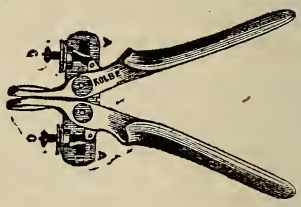


Fig. 3. Shows the instrument with the simple angular separation, used as an ordinary two-valve.



Another view might be shown, but is hardly necessary, with both the parallel and angular movements combined. It is merely needed to say that both movements may be made to the full extent, and the instrument so adapted as to produce an equable and uniform distension of the vagina throughout the whole length. It may be introduced with the bar and screw toward the side of the pelvis, the convexity of the blade being antero-posterior; or again with the convexity presenting laterally, the bar being in front of pelvis, a position especially useful in surgical operations upon the cervix, and enables the finger to be carried over the perineum between the separated blades and brought in contact with the cervix.

The shortness of the blades and the full separation anteriorly is proved by experience in the considerable number of cases in which I have used it already, to permit the uterus to fall forward and approach the vulva, making it perfectly accessible; an advantage which every one will appreciate, especially in cases requiring operation, such as the introduction of sponge tents, the ligature or excision of polypi, or any other procedure when the touch would increase the accuracy of operation.

Much greater facility is given for the introduction of the uterine sound, the uterus being more nearly in its natural position, and not forced backward as is the case when the long, closed speculum is used.

The instrument, as gotten up by Mr. Kolbe, is neat, light and portable; the only change in it which can be suggested so far after considerable use, is the substitution of a flat screw head at the end of the double screw, instead of the milled wheel in the middle, as giving a more effective grasp for the parallel separation of the blades.

The peculiarities of this speculum, which, so far as I am aware, are new, are the parallel movement by means of the right and left screw, the entire distinctness of action of the blades by placing them upon separate pivots, moving independently of each other, and the openness of the vulvar extremity upon both sides, differing from all other forms of valve speculum, and affording access to the uterus by the finger, and for examination of all portions of the vaginal tissue.

ARE EPILEPTIC CONVULSIONS OCCURRING DURING LABOR, INCOMPATIBLE WITH THE LIFE OF THE FŒTUS?

By A. Hurd, M. D.,
Of Findlay, Ohio.

With your permission I will give to the profession two cases which came under my observation. They may not be of much importance to the profession; but occurring as they did, with the untoward results, I have thought them worth reporting:

Case 1. In the summer of 1859 I was called to see Mrs. T., aged 26, in labor for her first child. I learned that she was a confirmed epileptic. That three days previous she had suffered from a severe spasm. The convulsive movements were of longer duration, the period of somnolence greater, and the recovery not so speedy and complete. She had had but three spasms during the period of gestation. She was much alarmed, and was fearful that the life of the fœtus would be destroyed. There was great mental excitement and nervous disturbance, which, with assurance from me that there was no immediate danger, and that "all would be well," kindly subsided. From the time of recovery from the last spasm up to the time of the commencement of labor she had felt the motions of the child. When I was called there was no unusual appearance (except the excitement). The pains were quite severe and regular. Everything seemed to promise a speedy delivery. An examination revealed the facts that the *os* was well dilated—the presentation vertex to the left. There was no call for special assistance or interference, and a rapid and safe delivery was expected. After about one-half hour, as the head began to press upon the perinæum, she had a severe spasm attended by all of those terrible convulsive movements and contortions which characterize an attack of epilepsy—lasting about fifteen minutes—followed by dead sleep, during which I noticed that the pains were not as frequent, and very much diminished in expulsive force—were irregular and fitful. Being fully assured as to the character of the convulsions, and as no other complications manifested themselves, I could see no reason for manual interference. I waited patiently about one hour for the somnolent period to pass off. As the mind began to clear up with full coherency and consciousness restored, the pains became more regular, frequent and expulsive, and about two hours after the attack of Epilepsy the child—a male—was born, though to my astonishment limp and lifeless. I had a "still-born child" in a perfectly natural and not tedious or severe labor, except the occurrence of the spasm. The cord was pulseless and shriveled, the skin was blue—the heart was still, and all the usual and appropriate means resorted to in such cases were ineffectual in restoring the child to life!

Case 2. On the 10th inst. Mrs. I., aged 20 years, was in labor—also a primipara case, and also an epileptic. Had not had spasms frequently; only during attacks of fever, or when suffering from great mental excitement; only one attack during gestation up to the time of labor. There was no hereditary tendency—no assignable cause for the convulsions. First came on when a child, during a fit of ague, and since whenever she had an attack of ague, or fever from any other cause. Health otherwise good. Labor commenced under favorable auspices. An old lady had expected to "put her to bed," but, after having had the "wild pains" some ten hours, from the excitement and nervous irritation attendant upon them, she began to show signs of spasm. The "old lady" became alarmed, and I was called in. Found her much excited, with "now and then" a spasmodic jerking of

the muscles of the face, with twisting of the mouth and trembling of the hands.

An examination disclosed a full dilatation of the os; presentation, with vertex to the right, and not any serious trouble, except the high state of mental excitement. She had, up to this time, felt the motions of the fœtus. With a full dose of bromide of potassium, and the assurance of a speedy and safe delivery, her fears were quieted. Everything was progressing favorably up to this time, when the head began to press upon the perinæum; then, as quick as thought, she passed into a severe spasm of about ten minutes duration. Though precaution had been used, her tongue was severely bitten. The jerking and contortions of the muscular system were terrible to behold; followed by that deep sleep and heavy breathing so characteristic of epilepsy, during the continuance of which the pains became slow, irregular and weak; but again, after about two hours, as the mind began to clear up, the pains increased in frequency, regularity and force, resulting, in about one-half hour, in the birth of a male child, well nourished, and, as in the other case, "still born"—the child, cord and heart presenting the same general appearance as in the first case, and all efforts equally as ineffectual in resuscitating the child.

In the two cases reported, I could see no demand for "drugs or instruments," because the unassisted powers of nature were ample to overcome all the difficulties in either case, and the speedy delivery in each case, after consciousness was restored, and the co-ordinating powers of the brain became normal, by the unassisted powers of nature, most fully demonstrates.

Now, here are two cases of labor, both occurring in confirmed epileptics, primipara cases, labor natural in both, uncomplicated—except the occurence of the spasms—duration not unusually long, labor not unusually severe, fœtus in both cases alive up to the time of the convulsions, yet the results should be so disastrous!

These two cases, occurring in my practice—though ten years separated from each other—so analagous in their general features, so alike in their fearful results, have led me to lay them before the profession, and ask them to trace the relation between the pathology of epilepsy and the fœtus in utero, with its relations, to determine, if possible, whether the nervous system is in such a condition as to be incompatible with the life of the child. I know that in puerperal convulsions children are born alive, but the antecedent conditions are not the same in the two classes. One is free from any organic disease of the nervous centres, the other is not. Perhaps the two cases constitute a mere coincidence in the ever varying cause of life, and others may have had oportunities of observation in which their experience has been entirely different from mine, and the results far more favorable—the very facts which we wish to have. I have already taken too much space. I will not theorize. Facts are the great need of the profession.

UTERO-OVARIOTOMY—DEATH.

Reported by W. F. Peck, M. D.,

Of Davenport, Iowa,

To the Iowa State Medical Society.

Mrs. S., aged forty-four years; native of Pennsylvania; medium height, nervous, sanguineous temperament; and the mother of five children, all of which were born without unusual difficulty. In the month of October, 1868, I saw her for the first time, in consultation with Dr. Plummer, of Rock Island, Ill. When we diagnosticated, an ovarian cystic tumor in the right iliac fossa, which was movable, globular, and without adhesions. The apparent weight of the body was considered to be about twelve pounds. As eliminative evidence against the existence of any adhesions, the tumor would, when she modified her position, seek the most dependant portion of the abdomen. In fact, when she inclined to the left side the tumor would appear in the left illiac fossa, in a corresponding situation to that which it occupied in the right side, its customary location. So movable was it, that a surgeon of some considerable local prominence gave it as his opinion that the body had "*no attachment.*"

The patient being in good health, and the tumor having exhibited a disposition to increase in size, causing Mrs. S. such great mental anxiety as amounted almost to mental disease, and restlessness, but one course seemed possible. The tumor had been developing for nearly five years, but during the last year its increase in size was greater than it had been during the preceding time of development. An operation for removal was advised; at the same time the patient was informed of the danger to which an

operation exposed her. She was also recommended to return to her home, Wilton, Iowa, and carefully consider the question of submitting to the operation, that, should a fatal termination of her case ensue, she and her friends might, before determining upon an operation, have an opportunity of thoughtfully and reflectively considering every contingency.

On the 1st of November, I was notified through her family physician, Dr. Baxter, of Wilton, Iowa, that she was determined to have the operation performed, and, accordingly, Nov. 12th was appointed to remove the tumor. There were present, and rendered valuable assistance, Drs. Plummer, of Rock Island, Hoeffner, of Davenport, Hirsche, of Muscatine, Vogt and Boucher, of Iowa City, and J. Baxter and Woodhouse, of Wilton. Before commencing the operation, every gentleman present made a physical examination of the tumor, the result of which was a confirmation of the opinion heretofore mentioned. At two o'clock she was brought under the influence of chloroform by Dr. Plummer, when an incision eight inches in length was made, commencing two inches above the symphisis pubis, and extending upward to a point about one inch below the umbilicus. The abdomen was quite flabby and pendant. Very little hemorrhage was caused before the peritoneum was reached. When the tumor was exposed an effort was made to force it through the opening, but without success. Upon replacing the intra-abdominal relations of the tumor, it was found to be closely connected with, and in fact, a part of the *body of the uterus*. The touch and the physical appearance of the mass indicated, as several of the gentlemen present believed, that more or less fluid was contained within the tumor. That the body might be brought into the world without further cutting, it was thought best to evacuate the supposed contents, and, accordingly, a canula and trocar was introduced, but the flow of "fluid" was not observed by any of the gentlemen present. The opinion then was that the composition of the tumor was fibrous, and in order to secure its removal, the uterus and appendages entire must be amputated, which operation was completed after four hours incessant labor. The hemorrhage was considerable, owing to the almost countless number of vessels encountered. Even the minutest capillaries had developed into vessels as large as the radial artery or jugular vein, all of which had to be singly secured and tied. To arrest the flow of blood, nearly all the means recommended were employed, including silken thread, silver wire, and the actual cautery. The metallic ligature was deceptive and useless. The tumor, which was purely fibrous, and originated in the fundus of the uterus, having been removed, the ligatures were together introduced into the incomplete vagina, and through it brought into the external world. The pulse remained good during the entire operation. She rallied measurably well, but during the night she had considerable vomiting, and received little sleep. The pain was largely counteracted by opiates. She was nourished by animal extracts in fluid form. The day following the operation she suffered from tympanitis and marked tenderness over the lower portion of the abdomen, and immoderate restlessness; pulse 130, and weak; very thirsty; features sunken. In the afternoon of the day succeeding the operation, I syringed out the abdomen from below with a solution of chlorate of potash, similar to that used by Dr. Peaslee. She gradually grew worse, and finally died at 7½ o'clock, p. m., on the second day.

The tumor, which is of a dense fibrous character, originated in the fundus of the uterus, and developed *upward* into the abdomen, and from its weight a little less than twelve pounds, gravitated to the fossa on either side, whichever happened to be most dependant.

PROCIDENTIA UTERI RELIEVED BY BABCOCK'S SUPPORTER.

By J. J. O'Reilly, M. D.,
Of Louisville, Ky.

Some months ago I was called to Mrs. D., who, upon examination, I found suffering with Procidentia Uteri. The os and lower segment of the uterus covered with large folds of the vagina protruded beyond the vulva.

The os was swollen, red, and very large. It was dilated twice the size of the largest sound and from the interior of the womb poured forth long strings of glairy mucus. Encircling it was an extensive ulcer, and numerous smaller ones covered the vagina. The discharge from the parts was so offensive that the patient was unable to go into company, and with the greatest difficulty even, did she attend to her household duties. She had her menses irregularly, and always suffered intensely with them, sometimes having scarcely any discharge, at others almost flooding to death.

She stated that she had been afflicted in this manner since the birth of her last child, five years ago. During this time she had supported the uterus within the vulva by wearing a napkin, supported by a bandage, around the waist. She never had any local treatment, always refusing to submit to an examination. She was the mother of two children, and at the time of my visit much reduced in health, and troubled with hysteria. Pressure of the uterus on the rectum caused troublesome constipation. I advised the recumbent position, gave her tr. ferri chloride, cauterized the ulcers, and ordered carbolic acid injections.

After following this treatment for sometime the ulcers became healthy, the discharge less offensive, and the patient more cheerful.

Pessaries were now used to support the womb, but none could be borne longer than twenty-four hours. Their pressure excited such expulsive efforts that they were invariably forced out and the uterus fell to its old position. I now sent for Babcock's Uterine Supporter, it seeming, in my mind, the only instrument that appeared to fulfil all the indications required. These were restoration and retention of the womb in its natural position, and perfect rest to the vagina, ligaments, and muscles of the perinæum. The supporter has now been worn for two months, the ulcers have healed, the os has resumed its normal size and appearance, the vagina looks healthy, and the general habit of the patient has much improved. She can walk long distances with comfort, and has gone forty-eight hours without the instrument; the womb not prolapsing. Under my directions, however, she will wear the supporter some months yet; that the parts may not be strained too soon. This is the first case in which I have used this supporter, but I must state that I have been delighted with the result, and as cases of Procidentia Uteri are frequently such eye-sores to the profession, from the failure of common appliances to afford much benefit, I thought that any suggestions would be welcome to the busy practitioner.

I view a case of procidentia uteri in the same light as a dislocated limb, and treat it accordingly. Namely, by reduction and rest of the surrounding parts. Their conditions are fulfilled by Babcock's Uterine Supporter. Other pessaries may give temporary support to the uterus, but they fail to give rest to the surrounding parts. They sustain the womb by distending the walls of the vagina and by pressure on the perinæum. Thus, whilst they give aid, they are at the same time weakening the natural supports, so that on their removal the uterus suffers from the least disturbance. The stem pessary used in this case supports the uterus without these drawbacks; reduces its enlargement and congestion by its retention in situ, whilst the vaginal walls have a chance to contract and strengthen by their perfect rest. The attachment of the supporter to the waist, by an elastic band on a movable slide, makes it conform to the motions of the body. I think all should give the supporter a fair trial.

FIBROUS TUMOR OF THE UTERUS.

By W. T. Ridenour, M. D.,
Of Oberlin, O.

The patient, residing in Sharon, Medina county, Ohio, came under my notice for the first time in August, 1865, suffering from uterine hemorrhage, and extremely anemic and miserable. She was then about forty-nine years of age, and had been troubled with profuse menorrhagia at frequent intervals for several years. I found the body of the uterus enlarged and retroflexed, and occupied by a tumor, which could be felt at about the os internum, and which seemed to be fibrous from its hardness. Without a very thorough examination, I thought it involved the whole body of the uterus.

Under tonic treatment and the occasional use of astringent medicines and injections, her condition was rendered tolerable for several years, though she was subject to occasional hemorrhage, and suffered much from pelvic pains and general distress.

About the beginning of the present year, however, her condition became much worse; hemorrhage nearly constant, and her system exhausted by the loss of blood and constant pain.

Every plan of medical treatment was exhausted, and an operation was recommended in May, 1869. Upon making another examination at that time I found it presenting through the external os, which it dilated an inch or more in diameter; and, contrary to my former impression, it was evidently of the sub-mucus, pedunculated form. Accordingly, on June 25th last, I proceeded to the removal of the tumor, which was effected by the wire ecraseur introduced through a "Nott" speculum, the patient in the lithotomy position, and partially under chloroform. Notwithstanding

free incisions of the os uteri, it was found so difficult to include the whole mass in the wire loop, that I removed the lower half first, after which the instrument was readily passed up to the pedicle of the tumor, which was very short, and attached to the superior part of the fundus, from which it depended perpendicularly. The loop was bent to a right angle, with the stem of the ecraseur, and this part of the operation was comparatively easy. After ascertaining that none of the tumor was remaining, a solution of persulphate of iron was injected, to arrest hemorrhage, which had been copious during the operation.

The tumor proved to be extremely dense and hard, almost cartilaginous, covered with mucous membrane four inches in length, and one and a half inches in diameter, except the neck or constricted part, which was one inch thick and very short. It enclosed a central cavity or cell, about half an inch broad, by one inch in length, lined by serous membrane, but containing no appreciable amount of fluid.

The after treatment of the case consisted of tri-daily injections of a carbolic acid solution and opiates. In two weeks she left her bed, and her recovery has been rapid and complete.

Valuable assistance in the operation was rendered by Drs. Lyman, Everhard and Briggs. I desire to call the attention of surgeons to the Nott speculum, a self-retaining modification of Sim's speculum, which in its easy introduction and adjustability, and the amount of light and room it affords, leaves nothing to be desired, and is certainly superior to any speculum I have seen, not excepting the various modifications of the Sim's speculum.

A CASE OF SCROFULA.

By A. S. Hamilton, M. D.,
Of Kenton, Ohio.

I was called to see Miss Annie C. on the 10th Nov. 1866, aged 19 years; decidedly anæmic; pulse 130; weight 70 or 80 pounds; not having grown any for nine years previous, at which time scrofula made its appearance. I found her right arm almost entirely consumed with scrofulous ulcers, from the wrist to the shoulders, including skin, cellular tela, muscles, and even the bones, in a carious condition.

The whole left arm up to the junction of the middle and upper third of the humerus, was a mass of putrefaction and suppuration, the fingers having all sloughed off, one by one, and so offensive that it was exceedingly unpleasant for any person to remain in the room. She also had many indolent ulcers on the calf of left leg. In fact, she was utterly dying by inches—a burden to herself, obnoxious to the family and visitors, though an object of pity and commiseration. I was informed that she had been under the treatment of several eminent physicians in St. Louis, Louisville, and Columbus, Ky., besides had taken wagon loads of "Bull's Sarsaparilla," and divers and sundry nostrums, purporting to be "*specifics*" in such cases, all giving no relief.

Now, what were the indications? Amputation of the left arm and constitutional treatment, with generous diet, tonics, stimulants, etc., was all I could recommend or even suggest.

The physicians who had treated the case previously, all opposed amputation, saying that death would speedily and inevitably follow such an operation, and in the event she should survive the operation, that the disease would concentrate elsewhere, and hurry her into a premature grave.

At this advanced stage of the disease I hesitated whether to operate or not, knowing she was liable to die on the table from the effects of chloroform, to die of secondary hemorrhage, suppuration, pyemia, erysipelas, etc.

She being so anxious, however, to have the offensive member removed, and expressing her entire willingness to risk all consequences, I told her unhesitatingly that I would take off the arm, if I could get the *counsel* and approval of regular any practitioner. Dr. E. Telfair of our town was called in consultation, and fully endorsed my views as regards the necessity of an operation, at the same time, expressing great fears (as I had done) of success. Placing her under preparatory treatment for ten days, I then, with the kind assistance of Dr. T., chloroformed the patient and amputated the arm.

I then placed her under the following treatment, dressing the stump daily myself, and using basilicon ointment to ulcers on right arm and left leg.

R.	Iron by hydrogen,	℈ij.	
	Quinine sulph.	℥j.	
	Hydrastine,	gr. x.	
	Podophyllin,	gr. ij.	M.

Et fiet pil. lx.

S. Take one pill ter die half hour after meals.

I also prescribed Cod oil, ℥ss., potas. iod.,

gr. v, tinct. stillingea con., gtts. v, to be used alternately with the pill.

Wine, nourishing diet, etc., was also administered.

The stump healed rapidly, and the ulcers simultaneously.

She left this place for Wheeling, Va., a few weeks since, perfectly sound, not having had any symptoms of a return of the disease since the healing of the stump. She had never menstruated prior to the operation—is now perfectly regular, and the picture of health.

I report the above as a cure of one of the most desperate and hopeless cases of scrofula that I have ever witnessed. And while there is perhaps nothing *new* in the treatment, yet it serves to show what great results may be attained by close attention and judicious treatment, even in desperate and apparently hopeless cases. Scientia vincit omnia.

Medical Societies.

UNION MEDICAL ASSOCIATION.

The regular quarterly session of the Union Medical Association of Saratoga, Washington and Warren counties, N. Y., was held at the residence of the Pres., Dr. R. L. Allen, in Saratoga on the 17th ult. Dr. Allen took the chair and Dr. F. L. R. Chapin, of Glen's Falls was appointed secretary.

Dr. Miller gave an account of his own sickness, and a general discussion on the treatment of pneumonia occurred. Dr. H. Corliss, of Washington county, as the result of fifty-three years experience, favored the heroic practice, bleeding, etc., while Drs. Chapin and Peters advocated the expectant mode of treatment. Dr. Chapin related the case of Dr. Hunn, of Albany, who treated himself on the latter plan with success, and also stated that he had treated several cases in the same way, in the field, as surgeon of the 30th New York volunteers. Dr. Peters admitted that he sometimes felt it necessary to bleed in severe cases of pleuro-pneumonia. He found very few cases where bleeding was necessary. Dr. Corliss again spoke and said he thought there was little difference in fact between his practice and others who had spoken. He believed that nature could cure many diseases, with good nursing, but occasions would occur where nothing but energetic and good heroic practice would be effectual.

The President, Dr. R. L. Allen, then delivered an address on the geological formation of the section about Saratoga, giving many interesting scientific facts, and speculations regarding the origin of the springs. His address was illustrated by diagrams.

Dr. Peters made inquiry regarding inhalents in pseudo-membranous croup.

Dr. Sill had found vapor from water useful, where the attendant was sufficiently skilled to use it.

Dr. Corliss thought in pseudo-membranous croup the use of vapor could not be prescribed with safety.

Dr. T. B. Reynolds had used the vapor of water by inhalation in some cases with success, but he had also used calomel with success. Gave it in small and repeated doses. Used to give emetics, but now regarded them as generally hurtful. Uses calomel and vapor now together.

Dr. Corliss had given ten grain doses of calomel to a child five years of age, with success in cases of croup. Thought in large doses calomel acted as a sedative.

Dr. Peters had found great success in watery vapor in croup. He had sometimes filled a room with dense vapor, so that every breath was saturated with the vapor. He also used calomel. Had the temperature kept very high with the vapor.

Dr. Flint then spoke of Dr. Sayre's paper on vapor in cure of diphtheria, and supposed that its use in croup was equally effective.

Dr. Sill said the effect of vapor is a perpetual bath.

This discussion was continued at some length, and finally closed by Dr. Hubbard, of Lansingburgh, a visitor, who favored the use of vapor and calomel. All cases he had treated with them lived, and all treated otherwise died.

Dr. Samuel Peters, of Halfmoon, Dr. Noxon, of Ballston Springs, and Dr. Auther G. Peirce, of Greenwich, were elected members.

The session then closed.

Biting the Snake to Preserve the Teeth.

The superstition mentioned in the following item prevails very extensively in some portions of the South and West:

An old lady, in Iowa, complimented on the beauty and preservation of her teeth, ascribed it to having "bitten the snake." She explained that in childhood her father held a rattlesnake by the head and tail, and each of the children bit along the whole length of the backbone, just indenting the skin, as a preventive of tooth-ache and decay, and the old lady believes to the present in the efficacy of such an operation.

Cholera Morbus.

A correspondent writes to us as follows: "I am now, and have for the past two years, been treating cholera morbus, cholera infantum and colic, also, the various forms of diarrhœa in adults and children, attended with pain, with salt-water injections, with the best of success. I use but very little medicine in the above mentioned diseases, and in the majority of the cases none at all."

Editorial Department.

Periscope.

On Non-Specific Uterine and Vaginal Discharges in Prostitutes.

The senior surgeon to the Lock Hospital, London, Mr. James R. Lane, contributes the following article to the *British Medical Journal* of December, 1869:

Since the admission of patients into this hospital, under the Contagious Diseases Act, from Woolwich and other military districts, the treatment of uterine and vaginal discharges has constituted a large part of its practice. In fact, in 1867, as many as 58 per cent., and in 1868, 65 per cent. of the class of patients alluded to, were placed under treatment for this form of disease alone, uncomplicated by any symptom of a syphilitic character, either primary or secondary. These patients are, for the most part, strong healthy girls, aged from seventeen to twenty-five, well fed and in good condition. Their disease appears to be entirely local, both in its origin and character. It arises, as I believe, in the great majority of cases, simply from the continual irritation and excitement of the generative organs consequent upon their mode of life, though it may be caused, no doubt, occasionally by direct contagion from urethral discharges in the male. The secretion, when they first come under observation, is of an obviously purulent or muco-purulent character, and evidence of its contagiousness is afforded by the fact (as I am informed) that nearly all of them have been accused of communicating disease before being subjected to examination. It is remarkable how little pain or inconvenience is suffered by these patients; usually they make no complaint whatever, and many of them are unaware that any thing whatever is the matter with them, although, when examined with the speculum, a profuse discharge, derived chiefly from the uterus, is found lodged in the upper part of the vagina. Associated with this, especially in the more chronic cases, abrasions of the epithelium, excoriations, or superficial ulcerations on the vaginal portion of the cervix uteri are very frequently seen. Anything approaching to an inflammatory condition, to which the terms acute gonorrhœa or vaginitis might be applied, is uncommon, and when met with, it is usually in young girls, as yet unseasoned to a life of prostitution. Incidental complications, of a painful character, such as labial abscess, or inflammatory bubo, are occasionally seen, but are not of frequent occurrence.

An external examination alone is quite insufficient for the discovery of these complaints. Purulent secretions from the vulva or lower part of the vagina are, of course, evident enough; but a profuse uterine discharge may be present, and no trace of it be visible until the speculum is employed. There is, however, a considerable difference in women in this respect; in some, the vagina appears to be equally contractile throughout its whole length, and therefore, any secretion formed in it, or entering it, speedily appears externally; while in others, and these are the majority, its contractility is much less at the upper than at the lower part, and discharges are consequently retained in the former situation.

When the discharges are of purely local origin, and there is no constitutional fault, their cure may be speedily effected by local applications. The plan commonly pursued at the Lock Hospital is to make the patients use vaginal injections for themselves three or four times daily. The lotions employed are the diluted liquor plumbi subacetatis, or solutions of sulphate of zinc, alum, or tannin, in the proportion of five grains to the ounce of water. The syringes are large enough to hold six ounces of the lotion, and have a pipe long enough to reach the upper part of the vagina readily. Both these points are important, for the syringes commonly used will not contain sufficient fluid to wash out the canal effectually, and the pipe affixed to them will not admit of its reaching the upper part of the vagina at all. When the vaginal mucous membrane is inflamed and tender, the house-surgeon, when the speculum is used, which is at least twice a week in all these cases, inserts a strip of lint dipped in the lead-lotion, and this is allowed to remain for three or four hours. If the inflammation be acute, the application of the strip of lint is repeated daily through a small speculum. By these means, discharges proceeding from the *vagina* may usually be cured in a few days, but the injections should be continued as long as any abnormal uterine secretions are observed, for the latter, if not frequently washed away, will be likely to re-excite disease in the vaginal mucous membrane.

But vaginal injections are of little or no use for the cure of discharges proceeding from the interior of the cervex uteri—a complication which is almost

invariably present in these cases. In the treatment of this condition, success will depend mainly on the amount of personal care and attention afforded by the surgeon himself. At the Lock Hospital, the speculum is used twice a week in all, and three times a week in many, of these cases; and through it suitable applications are made to the os and cervex. The nitrate of silver, either solid or in solution, is the remedy most in favor, especially in the earlier stages of the treatment, and when the discharge is purulent; later, simple astringents, such as tannin, alum, or perchloride of iron, are employed. Before using the caustic, all discharge should be wiped away from the os uteri with a piece of dry cotton-wool; and the plug of tenacious matter, which usually fills the cervix, should also be removed, or it will prevent the remedy reaching the diseased surface. The application of a strong solution of alum coagulates this discharge, and renders its removal more easy. The stick of nitrate of silver is then inserted to the depth of about an inch into the canal of the cervix, and is also applied to any abraded or ulcerated surface which may be seen around the os; or, instead of the stick, a solution of the nitrate (a drachm to the ounce of water) may be applied by means of a piece of sponge or cotton-wool about the size of a pea, which is passed along the cervical canal with a suitable pair of forceps. I prefer to use the solid nitrate on the first one or two occasions, and afterwards the solution. By these means, the discharge speedily loses its yellow color, and becomes white or semi-transparent. When this result is obtained, astringent solutions, such as the milder liquor ferri perchloridi of the *British Pharmacopœia*, or solutions of alum or tannin (a drachm to an ounce of water), may be substituted with advantage for the nitrate of silver. The glycerinum acidi tannici, or acidi gallici, are also frequently used; but they do not appear to possess any advantage over the watery solutions.

Other methods of applying remedies to the interior of the cervix uteri have been tried, but the plan above described has been found most convenient and effectual. A very efficient mode is to inject the solutions into the cervix with a syringe; but this has the advantage of being sometimes followed by abdominal pains—no doubt, from the fluid penetrating too far into the body of the uterus. I have also used suppositories containing nitrate of silver, sulphate of copper, or alum, incorporated with cocoa-butter, in the proportion, by weight, of one part to four or five, and made into pencils of appropriate size for introduction into the cervix uteri. These answer well enough; but, on the whole, I am disposed to prefer aqueous to greasy applications. The essential point, whatever the substance or solution chosen, is to take care that it is effectually applied along the whole length of the canal of the cervix uteri. There is rarely any pain occasioned by the use of caustics or astringents to these parts. The patients are almost invariably quite unconscious that anything is being done.

In 1867, the number of admissions for this form of disease was 414, and the average period occupied by the treatment was twenty-three days; but 36 per cent. were cured in periods of from seven to fifteen days, 21 per cent. in from fifteen to twenty days, and 13 per cent. in from twenty to twenty-five days. The remaining 30 per cent. occupied periods exceeding twenty-five days, the longest being ninety-four days. Many of these latter, however, were suffering from some constitutional condition which may be held accountable for the delay, such as phthisis or some other form of strumous disease, or impairment of health from long continued habits of dissipation.

Readmisssions for a recurrence of this form of disease are unfortunately too frequent. The 414 *cases* alluded to do not, therefore, represent an equal number of patients; for fifteen women were admitted twice, and four three times, during the year. In fact, as many as eighty-four had been in the hospital previously, some of them as often as six or seven times since October, 1866. When discharged, a large proportion return to habits of prostitution; and, as might be expected, after a time relapse into the same condition. We seldom see them again, however, till after a lapse of several months; so it may fairly be inferred that they remain in a sound state for a considerable period.

The above remarks are founded upon, and refer especially to cases of *simple* utero-vaginal discharge, in which, as far as can be discovered, no syphilitic taint is present. These, of course, are only capable of communicating a simple urethritis or gonorrhœa. Women suffering from constitutional syphilis are, however, very often affected with uterine discharges and ulcerations. Such cases are much less amenable to local treatment; and appropriate constitutional remedies, must of course, be employed at the same time. In my opinion, the uterine ulceration so often concurrent with secondary syphilis is as much a secondary manifestation as mucous tubercles on the vulva, or the analogous condition so often met with on the mucous membrane of the mouth and throat; and its secretion is equally capable of communicating true syphilitic infection.

The Diagnosis of Dyspnœa.

Hyde Salter, M. D., F. R. S., F. R. C. P., etc., etc., read before the Medical Section, at the annual meeting of the British Medical Association, in Oxford, August, 1868, (*British Medical Journal* for Dec. 5, 1868, p. 587,) an article on the subject of he Diagnosis of Dyspnœa.

The first dyspnœa to the rules for whose diagnosis to which he directs attention, as being the most typical and purest of all dyspnœas, is that of asthma.

There are three common sources of dyspnœa with

which asthma is more likely to be confounded than any others—bronchitis, emphysema, and heart disease—all others being comparatively infrequent. The diagnosis of asthma, then, is practically its diagnosis from these three diseases.

The form of dyspnœa that comes nearest to that of asthma, and whose diagnosis, therefore, from asthma requires the greatest care, is doubtless the dyspnœa of heart-disease. The two resemble one another in many points; in both the dyspnœa is paroxysmal, in both it is intense and violent in its character, in both the night is the time for its principal occurrence, in both the incumbent position is intolerable and the erect position enforced, in both the distress is aggravated by exertion, and the patient fixed and unable to move. On the other hand there are many points in which they differ, and it is by seizing on these that we are able to diagnose the one condition from the other, and to neutralize, so to speak, their many points of resemblance. These points of difference may be thus comparatively represented:

IN HEART DISEASE.	IN ASTHMA.
The paroxysms are of a few minutes duration.	The paroxysms may last for hours, or even days.
The dyspnœa is of a gasping, panting kind, rather a breathlessness than a difficulty of breathing.	The breathing is tight, constrctied, and difficult.
The respiration is hurried, the movement deep, and the rythm not changed.	The respiration is often slow, the movements superficial, and the expiration prolonged.
The patient feels as if dying.	However difficult the breathing the patient feels there is no danger.
There are commonly no bronchial *rales*.	The breathing is accompanied with prolonged, sibilant, and musical ronchus, especially at expiration.
Exertion in tranquil breathing is an adequate immediate cause of a paroxysm.	Exertion alone will not immediately produce a paroxysm in tranquil breathing.
The paroxysm is not followed by expectoration.	Each paroxysm, as a rule, passes off with an access of expectoration.
The tendency of emotional excitement is to induce a paroxysm.	The tendency of emotional excitement is curative; often completely and suddenly.
No true periodicity.	Periodicity often well marked.

In some other points too, not easily expressed tabularly, the symptoms of the two diseases differ. In the paroxysm of cardiac dyspnœa the sufferer often leaps from his bed, and finds himself standing on the floor, or at the window, open-eyed and gasping for breath, almost before he is awake. In asthma the patient is either unable to move from his bed at all, or slowly creeps to his fire-place, to light his fire, leaning on one piece of furniture after another as he creeps along. In both the diseases the dyspnœa is worse after food, but in asthma this depends mainly on the quality of food, while in heart-disease it depends mainly on the quantity. There are many things that the asthmatic dare not take without the certainty of bringing on an attack, but there are no articles of diet that have an especial tendency to induce dyspnœa of cardiac origin. There is a difference, too, in the time after taking food that the difficulty of breathing comes on; in heart disease it is immediately arter the meal; in asthma it is commonly about two hours after eating, when the results of digestion are entering the circulation. Again, with regard to frequency of the attacks the two dyspnœas differ; in cardiac dyspnœa there is no limit to the frequency with which paroxysms may appear—the patient may have fifty of them in a night; in asthma the rule is to have only one, rarely two, almost never more, while once a week and once a month are common frequencies; and the having of one attack seems of itself to secure an immunity for a certain interval afterwards.

It may be thought strange perhaps, that an author should not insist on the presence or absence of the physical signs of heart disease as a means of diagnosis between dyspnœa of cardiac origin and dyspnœa truly asthmatic. But, in truth, this is a most fallacious ground of diagnosis; it fails in both ways. On the one hand, in cases of dyspnœa clearly cardiac, there are often no physical signs of heart-disease; and, on the other, in cases of true asthma, the physical signs of heart-disease may be present.

Intensity of dyspnœa united with indefinite prolongation of life, is a circumstance in which asthma stands strongly contrasted with heart disease, and indeed with bronchitis as well. We see asthmatic patients going on year after in direful suffering, and yet hardly differing from what they were at first. One feels almost as if they possessed some antidote, or elixir, by which the results of so grave a disturbance of a vital function were arrested—as if pathological laws must be suspended in their favor. How different would be our views of the future, and how different in fact do we find the result, if the same amount of dyspnœa is due to organic heart disease. We know that a patient suffering from cardiac dyspnœa, comparable in its intensitity to severe asthma, is a man whose remaining term of life is to be measured by days, or, at most, by weeks.

Another circumstance, allied to this, which has often struck me in contrasting the results of heart-disease and asthma, is the little tendency the latter has to generate dropsy. Our author believes that until it has given rise to dilatation of the right side of the heart it has no tendency or power whatever to produce this result. He has often been astonished that the patient could go on so long with all the signs of impeded circulation through the lungs—the congested face, cyanosis, small pulse, and

even hæmoptysis—and yet not a trace of dropsy appear. That the pulmonary circulation is very greatly obstructed in such cases is quite certain; and yet he has gone on, week after week, asking if the feet were not swollen, and uniformly met with a negative answer, till he has been tired of asking. This is a difference that equally exists between asthma and bronchitis. Given six months dyspnœa from bronchitis, comparable to the dyspnœa of asthma, and the patient's feet will be swollen. Now, why should there be this difference? We can quite understand why there should be no dropsy in cases of asthma where there are considerable intervals between the paroxysms, and where the breathing in these intervals is normal; beause, in these cases there is time for recovery, and the results of the dyspnœa are not cumulative, but each attack starts, as it were, *de novo*, and therefore the dyspnœa is, so to speak, always of recent origin; and dropsy is never the result of recent dyspnœa. But why severe asthma of months' duration, with very imperfect remissions, should not degenerate dropsy, as well as bronchitis, or disease of the heart—that is the puzzle. Nevertheless, such is the fact.

In no way is the contrast between cardiac dyspnœa and asthma more strikingly shown than by the inspection and auscultation of the chest. Two things immediately strike one. First, that while in asthma the chest is tied and the parietes immovable in spite of the most violent efforts, in cardiac dyspnœa the range of the respiratory movements is free and wide. Secondly, that while in asthma the respiratory murmur is nearly or quite suppressed, in cardiac dyspnœa it is unusually loud and clear—puerile, in fact. And indeed, it is a very curious thing to contemplate in cases of heart-disease, this perfect freedom of respiratory movement and free access of air to the functioning portion of the lungs coexisting with unrelieved dyspnœa. It clearly shows one thing—that the free supply of air is not all that is necessary for tranquil breathing; that the supply and renovation of blood must be equally unimpeded, or dyspnœa will exist and be unrelieved in spite of the freest air-supply. And we see why it must be so. The *telos* of respiration is the oxidation and decarbonisation of the blood at the expense of the air; and if this is not attained dyspnœa is the result. Now it is evident, that for this it is just as necessary that the blood should be supplied to the air, as the air to the blood. In asthma it is the renovation of the air that is impeded, in heart-disease it is that of the blood; and in both dyspnœa is equally the result. This is the true secret of cardiac dyspnœa, and the reason of its coexistence with an air-supply perfectly free.

Although the dyspnœa of heart-disease is that which simulates asthma more closely than any other distinct dyspnœa, yet cases of heart-disease are not so often confounded with asthma as are cases of bronchitis, and for these two reasons:—first, because with a great many people, especially in the lower and lower middle classes, bronchitis commonly goes by the name of asthma—an old man coughs and spits and wheezes, and tells you he is asthmatic. And secondly, because a great many cases of bronchitis are complicated with true asthma—bronchial spasm is an integral part of the condition; the patient has asthma not because he has not bronchitis *but* because he *has* bronchitis; his bronchical tubes contract *because* they are inflamed. The error, therefore, in such a case does not lie in the recognition of the asthma, but in the non-recognition of the bronchitis which is the immediate cause of the asthma, and the substantive disease.

The principal points of contrast between bronchitis and pure asthma are the following:

IN BRONCHITIS.	IN ASTHMA.
The typical sounds are moist.	The typical sounds are dry.
Cough is always present.	Often there is no cough.
The winter is the worst time of the year, often the only time.	The hot weather of summer and autumn is the worst time of the year.
Cause catarrhal.	Cause emotional, dietetic, and various.
Sputum more or less purulent.	Sputum, if any, non-purulent.
Severe dyspnœa never evanescent.	The severest paroxysm may come and go quickly and suddenly.
Often ends in dropsy.	If uncomplicated never produces dropsy.

If, in any case of chronic or recurrent difficult breathing, our author feels a doubt as to whether the essential condition is bronchitis or asthma, the first question he put is—"Is your complaint a winter complaint?" If he gets a negative answer, if he is told the season makes no difference, that it is as bad in summer as winter, the thing is settled—it is *not* bronchitis. If, on the other hand, he gets an affirmative answer, he sees strong reason to suspect that bronchitis is present, and if not uncomplicated, that is to say, if asthma is present as well, is at any rate the cause of the accompanying asthma. He then put these two aditional questions:—"Is cough a constant and troublesome part of the attacks?" "Do you expectorate much, and is the sputum thick and yellow?" If these questions are answered in the affirmative, then, beyond all doubt, the case is one of bronchitis; if they are answered in the negative, then, it is certain that it is not bronchitis.

As to the distinction of the difficulty of breathing due to asthma from that due to emphysema, suffering each to be uncomplicated by the other, our author thinks the three following points of contrast would always suffice:

IN EMPHYSEMA.	IN ASTHMA.
Respiration is never free.	Respiration may be perfectly free in intervals.
Drumminess of the chest unvarying.	Chest only drumming at paroxysms.
Intercostal depressions effaced.	Intercostal depressions strongly marked, especially at each inspiring effort.

Electrolysis in Tumors.

Dr. NEFTEL, in the *Medical Record*, gives the following case:

Hon. Th. T. D——, a highly accomplished gentleman, 58 years old, consulted last year several celebrated surgeons in London and Paris (amongst others, Nelaton) with regard to a tumor in the left mammary region. They all advised him not to undergo any surgical operation, as they considered the tumor a malignant one, the removal of which would only hasten the fatal termination of the undoubtedly constitutional disease. The patient, nevertheless, insisted upon the extirpation of the tumor, and our great surgeon, Dr. Marion Sims, quite successfully performed the operation in Paris. Soon after the cicatrization of the wound, however, the axillary glands of the same (left) side began to enlarge, and in January last presented tumor, of the size of an egg, consisting of a conglomeration of enlarged and indurated glands. Dr. Sims again extirpated this second tumor, the microscopical appearance of which was that of a real cancer (carcinoma of the axillary glands). The specimen was presented to the New York Pathological Society, and examined by distinguished histologists. The wound this time healed very slowly, as it was accompanied by dangerous complications, an extensive erysipelas, high fever (107.8 degrees Fahrenheit), rigors and delirium. Scarcely had the wound healed, when a new scirrhous tumor began to grow in the right mammary region, and very soon attained the size of an orange, or more. It now became evident that another surgical operation would be useless, for it could only call forth, as before, an immediate relapse, and perhaps in a more dangerous locality. As nothing remained to save the patient, who was perfectly aware of his condition, and whose constitution was broken down, I proposed the electrolytic treatment, expecting, as the best result, merely the local destruction and absorption of the tumor; for, in the present state of our knowledge, I could not have entertained any hope of producing by electrolysis the least favorable change in the constitutional disease.

On the 27th of April, and the 4th and 7th of May, in the presence of Drs. Metcalf, Nott, and B. Howard, I performed the electrolysis by means of the large apparatus of Kruger and Hirschman, with elements, of Siemens, subdividing, at the second and third operation, the cathode into three and four branches, connected with the needles by serres-fines. The latest improvements of the apparatus afforded the possibility of gradually increasing the quantity of the current, without interrupting the circuit, and of diminishing it in the same way, so that the cirt cuit was broken only by the extraction of the lasneedle. Not a drop of blood escaped. The first operation lasted two minutes, using ten elements; the second five minutes, with twenty elements; and the third ten minutes, with thirty elements. After the operation the tumor increased considerably in size, but became softer and more elastic. No febrile or other local or constitutional symptoms followed. On the contrary, the patient who before was weak, anæmic, and cathectic, began to gain strength and flesh; the tumor at the same time diminishing slowly but constantly. A month after the first sitting, the tumor was found a great deal softer and smaller; at the end of the second month it had almost disappeared, and a fortnight later no trace of it remained. The general condition of the patient is now in all respects excellent, and new deposits can nowhere be detected. In his last letter he writes to me as follows: "I am not able to discover any new deposits anywhere, nor would the tumor in the right breast be detected by any ordinary observer. I hope the old devil who took lodgings there and was ejected, took all his baggage with him."

The above-related case presents the following points of interest:

1. The patient has been examined by a number of celebrated physicians in Europe and America, who have all considered him affected by a constitutional cancerous disease; and the extirpated tumors, being real cancers, have proved the correctness of the diagnosis.

2. The described case brings me to the conclusion that the electrolysis must be considered not only as a lacal agent, as thinks Althaus, but as one capable of modifying, and even curing, the constitutional diathesis. I explain it in the following way: It has already been established, by experimental researches, that the electric current affects powerfully all protcplasmatic structures. Hence it is possible and pro bable that the cells (which have to be considered as bearers of the contagion and the cause of the generalization of the disease) get their protoplasma altered in such a way by electrolysis, as to lose its specific infectious properties, and make it incompatible with the existence and propagation of the cancerous new formation.

3. Finally, this is the first authentic case of cure of a real cancer in a subject affected with constitutional diathesis. I think that if Althaus, to whom we are indebted for the improved electrolytic method, did not succeed in curing a single case of malignant tumor, it is owing only to the imperfection of the apparatus with which he works. I have had one like it imported from London, and have ascertained, by the feeble deflexion of the needle of my galvanometer, and by the weak muscular reaction it produces, that Althaus' apparatus generates a very small current-quantity. This explains also why he is obliged to have recourse to so numerous and prolonged sittings (half an hour), whilst, with the excellent apparatus I am in the habit of using, incomparably better results can be obtained in a much shorter period.

Use of Collodion in Entropium.

S. B. ROBINS, M. D., of Lawrenceburg, Indiana (*the Western Journal of Medicine*), mentions collodion as a valuable agent in the treatment of perverted conditions of the eyelids. He briefly gives his experience in cases of entropium. Apply commercial collodion with a brush, several times per day, to the outer surface of the inverted lid, and its effects, by its mechanical power to contract the surface upon which it is applied, an immediate contraction of its outer surface, and consequent bringing of the ciliary margin to its natural position. If one application is insufficient to bring the cilia in position, it can be repeated until the desired position is attained, where it may be held for any length of time, by repeating the application. And this gained, all is gained that is offered by any other mode of treatment with which he is conversant, be it either of the many operations proposed, or the application of compress and bandages, adhesive straps or sutures. It can be applied without any inconvenience; produces no pain, but a warm pungent sensation; it is very cleanly and not unsightly, and the tears that prevent the thorough use of adhesive straps, and excoriate the skin under the compresses, have no effect upon the surface covered with collodion; the lid loses its reddened, swollen look, and assumes a more healthy appearance. He has used it with equally good effect in ptosis, especially in cases occurring in aged persons, and has been led to believe that it exerts some influence in restoring to healthy action the levator palpebræ muscle when rendered inactive by palsy of the third nerve.

"Mothers' Marks."

Dr. J. L. KITCHEN, of Wyanet, Illinois, reports to the Chicago *Medical Examiner* the following interesting case:

Mrs. E. H., of this place, was confined on the 11th of October, 1868, by Dr. P. J. Mulvane. The confinement lasted four hours, and it was observed that the left arm of the child had been amputated at the middle third of the humeral region. Upon investigation, it was ascertained that the mother, shortly after becoming pregnant, visited in the East, and while traveling on the cars witnessed the great toe of a child amputated by the car door shutting upon it violently. The mother attributes the cause of the arm amputation, to the sight of the last mentioned. I have seen the child, which is well and hearty, and since it is a case of unusual interest to me, I thought it might be of sufficient interest for publication.

—— A death from chloroform is reported in Pittsburg, in the practice of Dr. John Dickson. The patient was about to submit to amputation of the leg, but died about one minute after the anæsthetic was administered.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. ERNST HALLIER, the widely known histologist of Jena, and Professor of Botany there, has commenced a journal devoted to the study of Parisites—*Zeitschrift fur Parasiten Kunde.* The first number appeared in May, and it will be continued every two months. Each number has two or more handsome lithographic plates, and costs, in currency, $3.30. They can be had of Mr. L. W. Schmidt, 24 Barclay St., N. Y. Prof. Salisbury, of Ohio, is the only American writer we notice among the contributors.

Transactions of the Indiana State Medical Society at its Nineteenth Annual Session, 1869. Published for the Society. Indianapolis, 1869. Pamphlet, pp. 70.

This volume indicates a prosperous interest in medical matters on the part of our brethren in Indiana. It contains an address by the President, Dr. N. Field, of Jeffersonville; an article entitled, "Why Doctors Disagree," by Dr. V. Kersey, of Richmond; a case of Anasarca, by Dr. J. Moffett; a discussion of the Digestive Assimilation of Medicines, by Dr. W. J. Elstun; the report of a case of dislocation of the femur, by Dr. M. Sexton, of Rushville; a discussion on Puerperal Convulsions, and the minutes of the Annual meeting of the current year.

Fœticide, or Criminal Abortion. A Lecture Introductory at the University of Pennsylvania Session, 1839–40. By Hugh L. Hodge, M. D. Philadelphia: Lindsay & Blakiston, 1869. Pamphlet, pp. 44. Price 40 cents.

Thirty years ago, this autumn, Professor Hodge felt it his duty to call the attention of the profession to the growing and detestable crime of artificial abortion for insufficient cause. These thirty years have not erased the blot from society. On the contrary, men of extended observation say that it has increased. If any excuse of ignorance of its criminality has hitherto been offered in extenuation, that excuse is valid no longer. With the warnings of the clerical and secular authorities in her ears, no woman who reads, can do this act under excuse of convenience. The republication of Dr. Hodge's lecture is opportune, and we hope it will be widely read.

Aluminum Wire Ligatures.

DR. ALFRED STARR, a prominent dentist, residing at 102 East Twenty-sixth street, New York, sends us a coil of Aluminum wire, which he recommends for its cheapness, lightness and flexibility for the purpose of ligaturing blood-vessels. Dr. M. S. Butler has been experimenting with it, and we would call the attention of other surgeons to it.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 11, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

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IS MEDICINE AN OCCULT SCIENCE?

Secret, hidden, concealed; that is what is meant by occult, as all readers know, and the sciences so-called in past times, embraced those the teachings and practice of which were confined to the chosen few, and sacredly withheld from the public. The doors of these temples of knowledge were not thrown open, or if opened in appearance, only to the extent of deceiving the *profanum vulgus* by a sham pretense of candor.

Alchemy, astrology, chiromancy, all pursued this plan. The healing art in the dark ages, also did not hesitate to adopt the same course. It was even defended on the ground that the interests both of physicians and their patients were benefited by this air of mystery. The former were protected against illiterate poachers on their domains, the latter were hindered from any attempts at tampering with their own health and lives by the misuse of drugs.

The reasoning has some ring of honesty about it, and in a modified form we hear it frequently nowadays. But experience proves that it is false. In point of fact, the more sedulously a veil of mystery is thrown around medical science, the more backward we are in disseminating medical knowledge among the people; the more we strive to conceal from them the powers of drugs, and the principles of health and disease, the more certainly are they the victims of unscrupulous charlatans, the stronger is the temptation for them to employ drugs, and to attribute to them qualities which they do not possess. *Nititur in vetitum*, is a principle of human action that we can always count on.

Very absurd in the light of history and psychology, therefore, is the position of those physicians who, in this age, array themselves against popular medical instruction. We can gain nothing by secrecy; we can lose much. There is nothing in anatomy, physiology, materia medica, or pharmacy which will injure any one to learn, if they only learn it correctly. But as sure as the obsurists and ignorantists gain the upper hand, so sure will false knowledge and pseudo-science gain the victory.

Fatal Result of Consulting a Pretender.

In New York, Cornelius Kailihor, suffering with fever and ague, was advised to call upon Mrs. Margaret Monaghan, who professed to cure that, among other diseases.

She gave him a mixture consisting of one pint of ale and the contents of a paper of ten cent tobacco. He vomited violently, when some warm water was given, followed by about one half of the former dose. In a short time the patient died.

Result: A post-mortem examination by Drs. Shine and Cushman, who very naturally found the stomach highly inflamed and congested, evidently caused by some irritant poison. There was in the stomach and intestines a quantity of dark-colored fluid, which smelled strongly of tobacco. In their opinion death was caused by syncope, resulting from exhaustion, consequent upon excessive vomiting, produced by a poisonous dose of tobacco. The case was adjourned by Coroner Flynn, who transmitted the testimony taken to the Board of Health for their action. Mrs. Monaghan was released on $1,000 bail to await the result of the investigation.

Human life seems to be held at a low valuation in New York!

—— George C. Reynolds, M. D., a leading man in one of the mission schools of Chicago, goes out soon to Eastern Turkey as a missionary of the American Board.

Notes and Comments.

Poisoned by Hair Dye.

On the 15th of June Dr. J. M. Witherwax, an old and respected practitioner of Scott county, Iowa, died with peculiar and obscure symptoms.

The Scott County Medical Society appointed a committee, consisting of Drs. J. W. H. Baker, Hazen, Farquarson, Cantwell and French, to investigate the causes which led to his death, it having been the opinion of several medical gentlemen that he died from the effects of lead poison.

The committee, through Dr. Baker, have prepared their report, in which they unanimously concur in the opinion that the cause of Dr. Witherwax's death was rightly surmised, and that the poison was introduced into the system through the use of hair-dressing or dye. For four years previous to his demise, Dr. Witherwax had used the dressing almost daily on his hair and whiskers, and frequently during the whole period suffered from pains which were similar to those produced by lead colic.

Drs. Hazen and Cantwell each made four separate analyses of the liver of Dr. W., and one of the kidneys, and found lead in the tissues of those organs each time. Their report accompanies that of the committee.

Such instances have been only too frequent of late. It is time that the profession took some decided action in the matter. We cannot prevent people using hair dyes. But what we can do is to enlighten them on the dangers of all secret preparations, and put them in possession of means to dye their hair, if need be, without *dying* themselves shortly afterwards in consequence.

Trichinæ.

At the meeting of the Association for the Advancement of Sciences in Salem, Prof. Edwards, of Montreal, read a paper upon the trichinæ in pork, of which we have heard so much of late years. After the conclusion of this paper, Prof. Agassiz made some remarks, and among other things he *is reported* to have said, that he "hoped the appetite of the community would not be disturbed by this scientific discussion, as *such worms* are present in all meats and even in vegetables, and there is no danger if they are properly cooked."

This statement is very justly criticized by Dr. Snow in the Providence *Journal*. Prof. Agassiz, it is to be hoped, did not make any such loose statement, and it were just as well if he repudiated it.

Mistakes of Druggists.

A few days since, two deaths were caused in Hoboken by mistakes in putting up prescriptions. They were both children, and the fatal drug in both cases was opium. In the one case it was prescribed by a physician, in the other "over the counter." It is quite time that for the safety of the public as well as the reputation of the profession, something should be done in this matter.

Suicides of Physicians.

Dr. E. J. Hudson, of Richmond, Va., committed suicide at Baltimore, by taking cyanide of potassium He died August 30th.

Calvin S. Millington, M. D., formerly of Georgia, committed suicide at his residence in Plainfield, Waushara Co., Wisconsin, at eight o'clock, A. M., Aug. 9th, 1869, by opening a small incision in the right jugular vein with the point of a razor.

Milk.

The recent microscopic examination of cow's milk by a French chemist, it is stated, has disclosed certain curious facts in reference to the component parts of this fluid. If the surface of fresh cream be examined under the lens, it is asserted that there is to be found, amid myriads of milky and fatty globules, a number of round and oblong corpuscles, sometimes accompanied with finely clotted matter, being just what is seen in most substances in a state of decay. In summer these corpuscles make their appearance within fifteen or twenty-four hours after milking; in winter they will be perceptible after the lapse of two or three days. At the moment of coagulation, these corpuscles are seen to increase in number, bud, form ramified chains, and at length to become transformed into regular mushrooms or filaments composed of cells placed end to end in simple series, and supporting at their extremities a spherical knob filled with granulous matter. It is further asserted that these animalcules may be classified among the *ascophora*, and that many of the gastric affections to which children are liable are owing to this state of the milk.

Purifying Vegetable Oils.

A method of purifying vegetable oil, as recently introduced in Paris, consists in allowing sulphuric acid to fall into it in numerous thin streams, and forcing air through at the same time, so that the oil is not only kept in lively motion, but also takes up numerous air bubbles, with which the foreign elements, separated by the acid, form a large mass of scum, which is removed from time to time. The introduction of air is kept up as long as the scum forms and until the oil becomes apparently light and clear. At this stage the oil is still acid. It is then heated in a copper vessel, by steam, for a half or three-quarters of an hour, to about 212 degrees, and then cooled off to about 70 degrees Farenheit and filtered. The oil will be more thoroughly purified in this way than by the common method. The process has been introduced into several establishments in Paris, with excellent results.

Correspondence.

DOMESTIC.

The Woman Question.

EDS. MED. AND SURG. REPORTER:

Having noticed—though not with satisfaction—certain resolutions adopted by the Philadelphia County Medical Society, I wish to express briefly a few thoughts as dissenting from the views of that body, or rather simply to record my name as an advocate of female medical education and female physicians.

What is the difference, in principle, between giving a woman a general medical education, or preparing her as a general practitioner, and making her simply a practitioner of obstetrics, according to the old custom in France, which so far as I know, is continued to this day? I am a witness to the fact that it was the case so late as 1859. This usage—better termed law—I mention not to inform, but to remind those who may have forgotten, or may not think of it. According to my recollection, several lectures were delivered every week for the benefit of female students in Paris, by M. Dubois, at the Hopital d' Accouchements, etc.; or more properly the Faculty Cliniques, and they were allowed the privilege of attending labor cases after ten o'clock P. M., this being the hour at which we (the males) were required to leave.

Experience is said to be a good teacher, and yet it seems to have taught that country to continue *this custom*. If ever any objection has been made to it, I confess I am not aware of it. We probably have many physicians who do not know that female accoucheurs are there so favorably received.

Not much reflection will be required to perceive a great difference between merely having an opinion that females should not be educated as physicians, and refusing to meet as members of a Society those who choose to view it favorably; for it would be straining the point to argue that to be a member of the same Society or in any manner to keep company with a professional confrère, would be giving encouragement to his opinions upon the subject. Indeed, with creditable men the course adopted might have the opposite effect to that desired, for they are not easily driven; and it is better to treat all with kindness than to pursue a course so well calculated to make hypocrites of a few. It is quite as bad in effect to deny to others the right to consult with a Professor or graduate of a female college.

In no expression made use of, is any unkind allusion to the above named Society intended, for we trust that no lucrative or other improper motive can to that body be justly imputed.

J. B. R. PURNELL, M. D.

Snow Hill, Md., July, 1869.

An Egg Within an Egg.

ED. MED. AND SURG. REP.:

A few days ago, my neighbor, Sharpless Moore, presented me with a curiosity in the form of an *ovum in ovo*. A hen's egg had been brought in of unusual size, which his wife proceeded to break into a bowl, for culinary use. But, what must have been the surprise of the good housewife when, in addition to the usual contents of an egg, *another perfect egg* plumped into the vessel.

The larger egg measured *three inches* by *two and five-eighths*. The contents in the bowl appeared quite natural. The included egg was *two and an eighth* by *one and a half inches*. Its contents were apparently also natural. The shell of the outer one was rather thinner than usual—the other was thick and strong.

If the occurrence of an *ovum in ovo* is not unique, it is at least sufficiently rare to be placed on record. It is no less interesting in a *physiological* point of view, than curious, as a *lusus naturæ*.

Will some reader of the REPORTER be so kind as to furnish a physiological solution of this egg-puzzle? If properly *set* upon, this *ovulum in ovo* might *hatch* out quite a *brood* of questions for the *physiologist*, as well as the *hen-ologist*, to solve—e. g.—how was the shell formed on the included egg?

E. MICHENER, M. D.

NEW GARDEN, 10 of 8 mo., 1869.

Strange Diagnosis.

EDS. MED. AND SURG. REPORTER:

On the 29th of May last, I was called to assist Dr. James Kyle, of North Vernon, Indiana, to perform the operation of tracheotomy on a boy 7 years of age. Arriving at the house of the patient's mother, I learned the history of the case from the attending physician, Dr. Thompson, of Butlerville, which was as follows:

Seven days previous he was called in great haste and learned from the mother of the boy that he had been playing with shelled corn in his mouth, and had swallowed some. Dr. T. examined the patient and diagnosed a foreign substance in the trachea, and from surrounding circumstances judged it to be a grain of corn.

He proposed to the mother to get a surgeon to operate, as, after various attempts, it was found to be impossible to otherwise get it out; but, at the suggestion of some of the friends, the boy was taken to Dr. Richardson, of Vernon, who most positively asserted that there was no foreign substance in the trachea, but an elongation of the uvula.

Dr. T. suggested that Dr. Kyle be at once summoned, as seven days had passed, and, in his opinion, the boy could not live many days longer unless tracheotomy was performed, and the substance, whatever it might be,—corn, elongated uvula, or what not, removed.

Dr. Kyle was summoned, and performed tracheotomy on the boy, removing from the trachea a large grain of corn almost ready to sprout.

The operation was performed skilfully, and with most happy results, as the family and friends had great faith in the *skill* and *judgment* of Dr. Richardson.

The boy is well, and the mother still preserves the grain of corn. J. P. Woodward, M. D.

Vernon, Indiana.

Epilepsy.

Eds. Med. and Surg. Reporter:

I am treating a case of epilepsy in a boy fourteen years old; well developed; light hair; blue eyes; downcast in look; rather plethoric; pulse full, numbers 108 beats to the minute; respiration natural; bowels regular; appetite good. He was attacked with epileptic convulsions about two years ago, the paroxysms increasing from day to day in frequency and severity; having as many as eight, and never less than three or four a day, occurring always during the day, never in the night. He had never received a blow or a fall; always enjoyed good health. I saw the case on the 15th of June last. From the history of the case, I suspected masturbation; had him closely watched, and his clothing and person carefully examined, but could detect nothing to prove my suspicions correct; gave him 10 grs. bromide potassium half an hour before each meal; also five grains oxide zinc ter die. This treatment was followed for several weeks, when no effect of the bromide being manifested, I increased the dose to ʒss. ter die, when it seemed to control the paroxysms, he not having one in five days, when they again recurred, but in a milder form, and continued until the dose was increased to ʒjss., quater die, when they again ceased. Up to the present writing, 12th of August, he has not had a paroxysm since the 2d day of August. In June the 12th, 24th number, of your valuable journal, there is an article on the use of bromide of potassium in epileptic convulsions, by Prof. Wm. A. Hammond, who states that the symptoms due to large doses of the bromide in epilepsy are contraction of the pupils, drowsiness, weakness of the arms and legs, depression of the mind, failure of memory and delusion, and that in adults none of these symptoms follow less doses than 10 grs. None of the above symptoms have been manifested in this case. It is true, there is some little drowsiness and loss of memory, but he suffered from both before commencing the use of the bromide; nor does it diminish the force and frequency of the pulse as attributed to its use by some writers.

Dr. Brown-Sequard, in an article in the same journal, says that an acne-like eruption on the face, neck and shoulders should be produced by the bromide in the treatment of epilepsy. No such eruption has made its appearance in this case, although I have been giving ʒjss. four times per day for some time. Now, is it absolutely necessary to increase the dose until the eruption does make its appearance, notwithstanding the paroxysms have entirely ceased? What is the maximum dose of bromide potassium, and is there any danger from its continued use for an indefinite time in as large doses as I am now giving it? I am anxious to cure this case if it can possibly be done, from the fact that he has been treated by other physicians here, without giving him any relief, and they scorn the idea that he is being benefitted in the least, whatever under my treatment. Since I have been giving him the bromide in such large doses (continuing the oxide zinc) it has not only arrested the paroxysms, but his countenance is much better, his eyes brighter, and he is growing remarkably fast, which causes me to think that he will finally entirely recover. Perhaps you, or some of the numerous readers of the Reporter who have more experience with the bromide of potassium than I have, will answer the above questions.

Respectfully yours,

J. Foreman, M. D.,

Port Royal, Ky.

A Simple Method of Treatment for Ingrowing Toe Nail:

Eds. Med. and Surg. Reporter:

In the July No. of *Ranking's Abstract*, I notice an article upon the treatment of ingrowing toe nail. The instructions there given are doubtless effectual in the removal of this very painful and annoying disease; yet, I conceive, all are more or less faulty, from the fact that pain, to a greater or less degree, must be the result, while at the same time, procedures, somewhat formidable to many country practitioners, are advised, which, were they strictly executed, certainly must protract the case unnecessarily before a cure is established.

The treatment of which I am about to speak may seem very insignificant, compared with that of "those five well-known surgeons whose opinions I read with interest," as well as with no small degree of amusement; yet, nevertheless, I claim for it all the merits of the radical cure advocated by Dupuytren.

Having been a subject of this disease, several years ago for a length of time, in both great toes, the various methods adopted, such as "scraping down the nail on the affected side till it was thin and yielding, then introducing cotton under it," removal of the corner, "keeping the sulcus between the nail and the flesh clear of epethelium," the use of argent. nit., astringent lotions, in short every imaginable method up to that time, except a chloroform operation (?) failed to do anything more than afford brief periods of relief, resulting in a return of the trouble with more severity than ever. At length the follow-

ing course was pursued: A triangular notch was made midway in the free edge of the nail, extending to its body, (the piece out of which should be in size about like the tooth of a tenon-saw;) from the pointed margin of this notch, a furrow was made, as near to the quick as possible, without penetrating it, through the middle of the root as far as the duplicature of skin; a piece of cork was then inserted under the nail, whose bulk was large enough to extend a few lines on either side of the notch, as well as to compactly fill, without uneasiness, the interspace between the skin and extremity. This completed the "operation."

In a few hours relief was marked, rapid improvement followed, and in a very short time it was quite evident the cure was complete. The elevating tendency of the piece of cork caused the corners to raise from the inflamed flesh, while, at the same time, the furrow through the center allowed the nail to flatten, and the burrowing edge of the ingrowing corner to eventually pass over and beyond the limited space of its former confinement. Thus, it is plain, all the indications of cure were fulfilled.

Since then I have pursued no other plan of treatment in such cases, and, in every one, with unfailing success. J. M. QUIGLEY, M. D.

Cassville, Mo., Aug., 1869.

Tetanus.

EDS. MED. AND SURG. REPORTER:

I beg space in your columns to report what I conceive to be a case of prevented tetanus. On May 3, 1869, my friend, Dr. Saunders, a gentleman of skill and long experience, was called to see an old negro woman, who, while washing, received a puncture of a rusty needle, which passed beneath the ligaments of the metacarpo phalangeal articulation of the thumb. On examination, Dr. S. found symptoms of tetanus, and not having time to remain with the case, very kindly submitted it to my care. I at once set out to apply some of the various remedies recommended in this affection. On my arrival, I found the following symptoms, which were much more aggravated than those given me by Dr. S.:

The hand was much swollen, and hot; violent pain about diaphragm; constriction of fauces, with some difficulty of deglutition; general muscular pain, and slight spasm of dorsal muscles. I ordered poultice to hand; gave $\frac{1}{4}$ of a grain of morph. sul., hypodermically, and waited for its effect. It appeared to have none. I ordered chloroform, and applied it to the entire length of spine, and f℥j given *per oris*. In the course of an hour muscular rigidity gave way, and a quiet sleep ensued. I left to return in an hour or so. When I returned, found her still sleeping, but some twitching of muscles. I repeated the treatment as before, using half the quantity, and retired for the night, leaving orders that should any of above symptoms recur, to send for me immediately. I was not disturbed during the night. I found her on the following morning perfectly easy. The hand was much reduced, and slight suppuration of the wound, and considerable pus escaped. She has since been well, and to this date has had none of the symptoms of this most horrible disease. This chloroform treatment was first practiced by Dr. Whitehill, of St. Louis, if my memory serves me right. With his reports, and the happy results of my own case, I am inclined to think it the best treatment ever yet instituted, and well worth at least a trial in every case.

JOHN G. BROOKS, M. D.

Paducah, Kentucky.

"A Mistake in Diagnosis."

EDS. MED. AND SURG. REP.:

As you have published (under the above caption) an article in the REPORTER for July 17th, from the pen of Dr. Ward Cook, of Pendleton, which reflects discredit on me, justice requires that you also publish my

EXPLANATION:

1st. The case in question was very clearly a case of paraphymosis; indeed the father so diagnosed it before he called me to treat it.

2d. I did not treat it for erysipelas of the penis, nor tell any one that it was erysipelas.

3d. I treated the case 36 hours, not three days.

4th. The object sought by my treatment was to relax and loosen the prepuce and tissues of the penis generally, thus to favor the return circulation, relieve the congestion and allow the glans to be returned without an operation. The result shows that this object was attained; and I submit that my part of the treatment was as clearly a success as that of Dr. Cook.

5th. As I neither boast, nor abuse my rivals, I am at a loss to determine how Dr. C. learned that "I hold myself up as being *some* in my school."

6th. I do not accuse Dr. C. of an intentional misrepresentation of facts; but I *do* think his informants are not very good guessers.

G. N. DAVIDSON, M. D.

Pendleton, Ind., Aug. 20, 1869.

NEWS AND MISCELLANY.

Professional Secrets.

A recent discussion before the British Medical Association seems to establish the extraordinary fact that, according to the English law of evidence, a medical witness is not merely not protected and privileged, but is bound to divulge secrets which have become known to him in a professional capacity. Why should such an invidious discrimination be made in his regard when the relationship of solicitor or barrister and client, and of priest and penitent, are practically, if not theoretically, guarded by the most stringent privilege and secrecy.

—— The Medical Department of the University of New York was yesterday transferred from the north wing of the New York Hospitals, which it has occupied since 1866, to their new and commodious edifice opposite the gate of the Bellevue Hospital on Twenty-sixth St., near the East River. The present quarters are convenient to the Charity Hospital, and the Department of Medical Charity in Bellevue Hospital, to both of which the students have access. Increased facilities for instruction will be offered to the students in the new building, and arrangements have been made whereby meritorious individuals may be assisted pecuniarily in their studies.

—— Dr. John Conolly, the eminent physician, who is known to the dramatic world as the author of a very able and ingenious treatise on the mental condition of Shakespeare's *Hamlet*, has been made the subject of a memoir, by Sir James Clark, just published in London. Dr. Conolly died in 1867, aged 73.

—— The *Scotsman* says: "The proportion of illegitimate births to the total number of births is, in Ireland, 3.8 per cent. In England the proportion is 6.4; in Scotland, 9.9. In other words, England is nearly twice, and Scotland nearly thrice worse than Ireland."

—— Le-po-tai, the celebrated Chinese physician of California, has some 700 patients and an income of $7,000 per week.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

Hopkins—Downey.—September 1st, at the residence of the bride's parents in Baltimore, by Rev. Henry C. Cushing, Dr. Howard H. Hopkins, of Baltimore county, and Miss Maggie M., eldest daughter of Wm. Downey, Esq., of New Market, Frederick county, Maryland.

Noel—Harris.—In this city, on the 31st of August, by the Rev. J. Wheaton Smith, D. D., Dr. John Vavaseur Noel and Mary Vansittart, eldest daughter of the late Edward Harris, Esq., of Moorestown, N. J.

Rembaugh—Crum.—At Nyack, Rockland county, N. Y., on the 17th ult., by the Rev. Dr. Marvin, Alonzo C. Rembaugh, M. D., of Philadelphia, and Miss Martha B. Crum.

DIED.

Day.—Near Alton, Iowa, July 27th, Sarah Rodgers, the second daughter of Dr. J. A. and Mrs. E. T. Day, in the eighteenth year of her age.

Hazleton.—In Cavendtsh, Vt., August 8th, of malignant typhoid fever, Frank H., eldest son of Dr. D. W., and Mrs. L. H. Hazelton, aged 15 years, 8 months and 24 days.

Jones.—On the 22d of June, in New Orleans, at the residence of her son, Dr. Joseph Jones, Mrs. Mary Jones, relict of the Rev. Dr. C. C. Jones, in the sixty-first year of her age.

McCook.—At Pekin, Illinois, August 23d, after a long illness, from disease contracted in the service during the late war, Dr. L. A. McCook, in the 49th year of his age.

Smith.—At Jericho, L. I., September 1, Henry Moorehouse, infant son of Dr. Henry M. and Mary E. Smith, of New York.

Stiles.—In Cincinnati, Ohio, August 21st, George De Forest Stiles, eldest son of Dr. J. N. Stiles, of Windsor, Vt., aged 32 years.

Wilson.—In Camden, N. J., on the 26th ult., Matilda M., wife of George E. Wilson, and only daughter of Dr. W. C. Mulford.

QUERIES AND REPLIES.

Alcoholic Beverages.—*Messrs. Editors.*—It is often asserted by temperance lecturers and others, that the greater proportion of alcoholic liquors sold in these later days as a beverage, are more or less drugged with poisonous articles, producing when imbibed into the system, more deleterious effects than the "purer liquors" drank thirty and forty years ago.

To what extent, if any, are such drugs used, and what are their deleterious effects, when so combined and imbibed, and particularly do they have the effect to make mania a potu more frequent, or are these effects attributable mainly or wholly to alcohol?

What is the difference between alcohol resulting from grape or berry wine, and that from rye, corn, or cane sugar?

Please give your readers "reliable data" in reference to the forgoing questions.

M. DeForest, Jr., M. D.

Middleburg, Conn.

Ans.—We have always doubted those *laudatores temporis acti*, who pretend that intemperance was any less severely punished by disease in times gone by than now. We do not believe that the strychnia or coculus indicus, or other drugs said to be used in the manufacture of liquors do the injury. It is the alcohol, and this is the same whether derived from rye whiskey, Holland gin, Jamaica rum or grape wine. Within a month, a physician, a resident in the City Alms House more than 42 years ago, told us that delirium tremens was as frequent and as severe then as now. The "purer liquors" is a pure myth.

Dr. J. H. S.—Your inquiry about the comparative virtues of American and French Pepsin we are not able to answer. Perhaps some reader who has given each a fair trial will oblige you with his experience.

Dr. J. W. B., of N. H.— "Is there any work published on the effects of the mind on disease?"

Ans.—The nearest to what you wish is probably Murray "On Emotional Disorders." Price $1.50.

WORDS OF CHEER.

Drs. D. and P., Indiana, write, "We are compelled to say that the Medical and Surgical Reporter is indispensable. If has rendered us more service than we could get from our standard authors on practice—we mean more practical service. It always greets us with pages teeming with valuable suggestions."

Dr. A. L. H., of Tennessee, writes, "I derive more practical and useful information from reading the Reporter than all other periodicals pertaining to the healing art."

METEOROLOGY.

AUG.	23,	24,	25,	26,	27,	28,	29.
Wind.....	N. E.	N. E.	S. E.	N. W.	W.	W.	N. W
Weather.	Clear	Clear	Clear sh'wr.	Clear	Clear	Clear sh'wr	Clear
Depth Rain							
Thermom....							
Minimum..	65	61	57°	60°	54°		
At 8, A M.	72	68	69	76	70	58°	65°
At 12, M...	79	80	80	81	77	72	80
At 3, P. M.	82	82	83	75	80	83	80
Mean.....	74.50	72.75	72.25	83	70.25	75.25	65.75
Barometer..	3.02	30.2	3.02	30.1	30.2	30.2	30.1
At 12, M...							

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

COMPOUND COMMINUTED FRACTURE OF THE SKULL, WITH FRACTURE OF THE BASE—COMPRESSION—TREPHINING—RECOVERY.

Reported by W. F. Peck, M. D.,

of Davenport, Iowa,

To the Iowa State Medical Society.

David Joy Starbuck, aged 32 years; native Massachusetts; nervous bilious temperament; occupation, brakeman on C. R. I. and P. R. R.; always enjoyed good health; habits active and temperate; height 6 ft. 2½ in.; weight 196. On July 9th, 1868, a freight train on which he was employed as brakeman, met with an accident about eighty miles west of Davenport, which precipitated fourteen cars down an embankment. Mr. S. was on one of the cars which was loaded with ties, and when the car tipped he was thrown to one side and forward in advance of the coming car. As the ties broke through the car the end of one struck him in the right temple, producing a compound comminuted depressed fracture of the temporal and parietal bones, together with a compound fracture of the base of the skull. When found he was unconscious. He was immediately taken to the nearest place—Marengo—and attended by Drs. Hughson and Alverson. I was sent for, and arrived at the place twenty hours after the accident. His condition when first seen by myself was as follows: Comatose; pulse 94; respirations 20 and stertorous; skin dry and hot; left pupil largely dilated with no irregularity of sight; bowels unmoved; urine had passed off freely. The right temple was very much swollen, including the tissue around the eye, which was ecchymosed and entirely occluded. At the outer angle of the orbit there was a small laceration of the tissue not more than one-eighth of an inch in diameter, and from which there had been incessant hemorrhage from the time the accident occurred. There was also considerable hemorrhage from the right ear. So far as could be ascertained no paralysis of the body had existed. After consultation I made a free incision from the lacerated wound directly backward along the lower border of the temporal bone to a point directly over its articulation with the parietal bone. I then made another incision directly upward, commencing at about the middle of the first incision, extending about three inches and then carefully dissecting down to the bone, tying the temporal artery. I found the bone comminuted and depressed. I trephined in the parietal bone at its articulating margin with the temporal at a point about the centre of the temporal bone, and having removed a circular disc by means of the elevator, I elevated the depressed bone; but finding it detached to a great extent it was deemed best to remove the entire amount included in the fracture. Having removed the larger pieces, the spiculæ penetrating the brain substance, including several small pieces were also extracted, when four small lacerations through the membranes into the brain were found. In ascertaining the extent of the injured bone, I passed the finger downward in the direction of the petrous portion of the temporal bone, when an extensive fracture was found in the base of the skull into which the index finger passed without difficulty. This diagnosis was verified by Drs. Hughson and Alverson. It seemed scarcely possible that recovery

could occur under these circumstances. The position was inclined to the right side, and, externally, applications of cold water were made. Internally he received a cathartic, and to subdue a too active circulation he took tr. veratrum eight drops every four hours. Essence of beef was given with considerable difficulty. During the night he, at times, showed a disposition to a return of consciousness, which, however, was transient.

10th.—Pulse 90, and full; bowels moved during the night. Respirations 17, and not stertorous. The dilatation of the left pupil less marked; takes nourishment without as much resistance. The hemorrhage from the ear still continues, but not so much as before the operation. There is considerable bleeding from the wound, the tissues in the immediate vicinity of which are much swollen. Applications the same, with the tincture of veratrum internally

11th.—Rested poorly during the night; pulse 96; respirations 20. Can be aroused when loudly and sharply spoken to, but not so as to appreciate anything. Tongue covered with a heavy, whitish coating; skin hot and dry; bowels still unmoved; the hemorrhage from the ear is less. Wound is commencing to suppurate; little bleeding from the surface, although there is occasionally some blood seen to escape from under the dura mater. No change in the left pupil; sight normal. Veratrum continued, with a cathartic of compound cathartic pills.

12th.—Rested tolerably well during the day and night. Is more easily aroused; surface less hot and dry; bowels moved several times; tongue moist and less coated. There is still a little oozing from the ear; pulse 86, and full; the dilatation of the left pupil has nearly disappeared; respirations 16. For nourishment he takes liberal quantities of beef tea, and chicken tea; veratrum continued. Wound is discharging profusely. Weather extremely hot; thermometer 108 degrees in the shade.

12th.—Very delirious during the night; got out of bed and walked around the room. When loudly spoken to, answers questions, but immediately passes into a murmuring condition; pulse 80, full and regular; respiration 15, and in other respects natural; left pupil natural; skin, not hot, but dry; bowels unmoved; very little oozing from the ear; no blood from the wound, but a large amount of matter. Cold applications and veratrum continued.

13th.—Still delirious, although he received some sleep during the night; pulse 84, and full; respirations 16; takes nourishment; gave cathartic as before.

14th.—Less delirious; pulse 86, and full; bowels moved freely in the night; surface moist; sleeps more, and less disposed to murmur; hemorrhage from the ear; wound looking well; no change in treatment.

15th.—Rested fairly during the night; skin dry, but no increase of heat; pulse 90, full and regular; respirations 14, and quite regular; delirious occasionally; suffers from "twitchings" of the left arm, but otherwise his condition is very good; the wound is suppurating finely, and the swelling and ecchymosis over the right eye is disappearing; very hot weather; cold applications continued.

16th.—Rested very poorly during the night; got up and walked about, notwithstanding the remonstrances of the attendants; pulse 96 and full; surface dry and hot; tongue coated with yellowish-whitish coating; the twitchings have disappeared; bowels moved twice during the night; respirations normal; delirious occasionally; wants to go home, and cannot be convinced that he had better remain where he is. Wound looking well, and suppurating finely. Continued the cold applications, and the veratrum as before; takes animal fluids freely.

17th.—General condition better; when asleep, his mind wanders, and dwells on the business transacted at the station at which the train stopped before the accident occurred. Talks quite rational when awake, but does not seem to appreciate his situation. Remembers nothing touching the accident; pulse 80 and full; respirations natural; bowels moved once during the night; the swelling around the eye much reduced; pupils alike in size, and both normal; surface moist; the wound is discharging copiously; the incised tissue is, however, everted and tumified; suspended the veratrum; applications to the head the same.

18th.—Rested very poorly during the night; could not be restrained by his attendants on account of delirium, which could not be controlled. The wound is not discharging as much as usual. Tongue dry; pulse 92; respirations 16; surface dry; takes nourishment with considerable difficulty; bowels have not moved for several days; answers questions when spoken to only a part of the time; took internally veratrum gtt. viij, every four hours;

pills compound cathartic, No. iij; hot applications to the wound.

Received a despatch from Dr. Alverson stating that "Starbuck's condition was much worse, and that death was expected at any time." I went out to Marengo on the first train, and remained with him sixteen hours, when through the kindness of Supt. Kimball he was brought to Davenport on an extra train, which was carefully accommodated to the wants of the patient. Arrived in Davenport on the morning of July 19th, when he was taken to the Davenport City Hospital and supplied with fine airy quarters.

19th—*Davenport.*—Was admitted into the Hospital this morning; does not seem to have suffered from the transportation; rests tolerably well, but flighty at times; pulse 86 and full; bowels moved this morning; wound discharging more freely; surface dry, but not hot; swelling around the eye very nearly gone, although the ecchymosis is still lingering; tongue moderately furred, but moist. There has been a little serous-bloody discharge from the ear. Veratrum continued, with a change to cold applications.

23d.—He has been doing well during the past four days. General condition good—pulse, skin and alimentary system in good order.

Discontinued the medicine and commenced strapping the wound to approximate the edges. The discharge from the ear was slight, and continued only twenty-four hours.

Nothing further, of importance, occurred during his convalescence, which was uninterrupted. The strapping was kept up every day, and hygienic surveillance enforced. On the ninth week he was discharged from the Hospital, and permitted to go to his own residence, where he received the same careful attention. The wound did not entirely close until in March, 1869, when a small sequestrum of bone exfoliated from the zygomatic extremity. He now wears a silver plate on the outside to protect the brain. He is now engaged in the business of ticket agent at Moscow station, C. R. I. & P. R. R., where he does not hesitate to perform almost any kind of manual labor.

Among the records of surgical science, no more interesting case of recovery is to be found, presenting, as the foregoing case does, complications, any one of which often terminates life. The celebrated case which occurred in 1841, in New Hampshire, was certainly a remarkable recovery. But in that case no trephining was necessary, and the canal made by the tamping bar permitted gravity to carry away the discharge.

A photograph of the patient is here presented, to show his condition when discharged from treatment.

The special points of interest in the herewith submitted case, to which I desire to invite attention are:

1st.—The condition of the patient at the time the operation was performed.

2d.—A distinct fracture of the base of the skull, which was separated so wide as to permit the introduction of the index finger—which experiment was made by three surgeons.

3d.—The extent of bone removed by the trephining operation, was in size two and a half square inches.

4th.—Laceration of brain tissue and membranes, some of which came away with recovery without any impairment of the mental faculties or general health.

CASES IN OPHTHALMIC PRACTICE,

By L. Barbour, M. D.,
Of Pittsburgh, Pa.

STRABISMUS.

Mrs. M. Z., age forty-eight. This lady had convergent strabismus of left eye until she was twenty years old, when she applied to a surgeon of some reputation to have the deformity removed. He operated upon the eye, but instead of straightening it, turned it in the opposite direction. When she applied to me, August 16th, 1868, this eye was immovably fixed, and the pupil just visible at the external canthus. She had no power to move it herself, and it could not be turned to the parallel position with the fixation forceps.

Recently, the sight of the right eye had become very imperfect, and the lady and her

friends were anxious to have the left straightened, hoping it would improve sight.

It was evident, to my mind, that this would be no easy matter. Yet I thought it could probably be done by separating the attachment of the external rectus from the sclerotic, and letting it fall back, and separating and bringing forward the internal. I had the valuable counsel and assistance of Drs. Wall and Simons, of Cambridge, Ohio, and proceeded to operate by first making a vertical incision through the conjunctiva and farsia, a little back of the usual position for dividing the internal rectus, and with the blunt hook tried to find the attachment of this muscle. Only a few fibres could be found, as the muscle appeared to have been almost entirely absorbed. These, however, were separated from their attachment, and quite a large semilunar flap was removed from the conjunctiva and farsia.

I now separated the tendon of the external rectus from the sclerotic, when the eye was easily turned parallel with the forceps; but when they were removed it immediately returned to its former position. I now, while the eye was turned a little toward the inner canthus, closed the wound upon the inner side of the ball, with two points of suture, which were made to enclose the conjunctiva, farsia and fibres of the internal rectus muscle. Having removed the semilunar flap from this wound, I expected it, when closed, to keep the eye parallel; but in this was disappointed, for no sooner were the forceps removed than it returned to the position it occupied before we began the operation.

I now determined to *force* the eye to assume a parallel position for a few days, hoping that after the muscles became accustomed to this position, they would retain it. Consequently a thread was fastened to the ball at the point where the external rectus was attached, and with this the eye was turned parallel and the thread fastened to the nose with a piece of plaster. On the fourth day, the thread separated from the ball; but to our satisfaction, the eye remained natural. There was but little lateral motion, but enough for all practical purposes.

The lady accomplished her object, and has very good sight, with an eye which had been useless for almost half a century.

I have resorted to the "thread operation" in several cases, and find it a valuable adjunct in obstinate cases of strabismus.

Such operations as the above would not be required, providing gentlemen who operate for strabismus, would be content with dividing the muscle and sufficient of its coverings to reach it. A few years since, I was present, while a surgeon, who has quite a reputation in the West, performed this operation. And I am certain he divided all the tissues down to the sclerotic for the space of half an inch. I know of four cases that he has operated upon for convergent strabismus, and every one now have divergent. I have never known the eye to turn in the opposite direction, except where an unwarrantable amount of tissue has been cut.

CATARACT.

Mr. W. S., age fifty-nine, consulted me April 17th, 1869. Has been blind with right eye since he was six years old; thinks he received a blow upon the eye about that time.

During the last year and a half the sight of the left eye has been gradually failing. He cannot see to read any kind of print, but can see large objects.

Upon examination I find a well-developed cataract in right eye, and partially-developed one in the left; both pupils respond to atropia, which improves the sight of the left eye.

The patient was anxious for an immediate operation upon the left eye; but as he yet had useful sight, I preferred delaying this operation until the cataract was mature; and as the right eye appears perfectly healthy, with the exception of the cataract, and he could distinguish light with it, as patients usually can if the retina retains its function, I advised him to have the cataract removed from this eye, as with this eye he had but little to lose. He consented to the operation, and on the 18th of April, with the assistance of Drs. Ingraham and Wright, of Coshocton, Ohio, I extracted, by the usual upper flap, a rather soft cataract. The lens was not only soft for a man of 59, but, what was to me peculiar, it was as soft at the centre as at the circumference.

No pain nor inflammation followed the operation; and on the fifth day the eye was opened and examined. The wound healed by first intention; pupil was clear, but no sight. On the twelfth day he left for his home, believing the operation a failure, and promising to return in the fall and have the other eye operated upon.

A few weeks ago I accidentally heard that Mr. S. was seeing with this eye, and immediately wrote to him for the facts, and received the following answer:

OTSEGO, MUSKINGUM CO., OHIO, July 28th, 1869.

DR. L. BARBOUR—*Dear Sir:* A few days after I arrived home, sight began to come to the eye you operated upon, and it has continued to improve, until I now see very well; can read plain print without glasses. I am now thankful to you for proposing this operation.

Truly yours, WILLIAM STARKEY.

It appears that this gentleman can see about as well with this eye, as patients usually do who have only been blind a few months. The eye having been blind for more than half a century, made it of interest to me, and I hope will prove so to my readers.

A CASE OF ABORTION WITH RUPTURE OF UTERUS AND RECTUM,

By JOSHUA B. GRAVES, M. D.

of Corning, New York.

Reported by CHARLES M. GRAW, M. D.

December 18th, 1861, Dr. J. B. GRAVES was called in the night in haste to see Mrs. T, in consultation with Dr. H. Found her extremely prostrated from hemorrhage and the effects of chloroform previously administered by Dr. H. Ordered diffusible stimulants given at once and frequently repeated, and obtained the following history of the case:

Mrs. T. was a large, spare woman, with a nervo-sanguine temperament, aged 33, married, and the mother of four children. She was, at this time, in her fourth month of pregnancy. Being very poor, and with a family already of four, and fearing her ability to support any increase to it, she had determined to have no more children. Accordingly, some three days previous, by placing herself upon her knees, she introduced into the vagina a large-sized knitting-needle, and guiding it with her finger into the os, she sat back upon it, pressing until she felt pain. Desisting, and withdrawing the instrument, it was slightly stained with blood. No hemorrhage immediately followed, nor inconvenience.

The next day had light fugitive pains in the lower portion of the abdomen, but rested well that night. The third day sent for Dr. H., as the pain had been quite severe, and she had high fever. Dr. H. found her with great pain in the back, simulating labor pains, but with no hemorrhage—the os uteri closed, with a tenseness of the walls of the uterus, and a pressing down of that organ. Dr. H. saw her again in the evening of that day, found the os partially dilated, with the hand and arm of the fœtus protruding into the vagina; pains lighter than at his previous visit; administered tinct. ergot, which partially revived her pains; they soon, however, began to decrease, and in a little while almost entirely ceased. The doctor then gave her chloroform, and attempted to remove the fœtus with a pair of nasal polypus forceps. He removed the arms, and then a leg, and at last the body except the head. There was considerable hemorrhage. The patient at this time became so far recovered from the chloroform, as to refuse taking more. Dr. H. then attempted the extraction of the head, which caused her so much pain that he desisted, and Dr. J. B. GRAVES was then sent for. While the messenger was on his way, she had several severe pains; blood flowed quite freely, and she passed from the womb, through the vagina, a large lumbricoid worm. On Dr. G.'s arrival, at 3 a. m., this worm, with the portions of the fœtus, were shown him. On examination, Dr. G. found the mouth of the womb open, and a mass of thin, fœcal matter passing through it into the vagina. Dr. G. then advised brandy every half hour with a little sweetened milk, and left to see her again next day, leaving Dr. H. to administer the remedies.

Saw her again at 2 p. m.; found reaction well established; stopped the stimulants; two more large worms had passed away through the uterus; introducing a speculum, he discovered another large lumbricoid passing through the os; removed it through the speculum, with a pair of forceps. The contents of the bowels were passing continually through the os into the vagina and out. The vagina at this time was normal, but soon became very highly inflamed. In three days from last date, the vagina, os, uterus, and indeed the entire pelvic viscera were in a terrible state of inflammation. Introduced a speculum to convey the fœcal matter, that issued from the uterus, away without its coming in contact with the soft parts, but was unable to retain the instrument in place to effect any good.

He then elevated the lower extremities on an inclined plane, so as to keep the contents of the bowels from gravitating into the womb; used warm water injections into the uterus and the rectum, part of the latter injection passing out through the womb and vagina.

The usual remedies for subduing inflammation were used in this case with anodynes to relieve the pain, with complete success.

It was, however, three weeks from the time

Dr. G. first saw her, before he succeeded in stopping entirely the passage of fœcal matte through the uterus. Tonics were given to support her, as soon as the inflammation subsided, with small and frequently-repeated doses of ergot.

The discharges per uteri gradually diminished; the contents of the bowels were discharged per anum; in six months' time she was able to resume household duties. She then removed to Pennsylvania. A year since, Dr. G. met her husband, who informed him she was well, and had since given birth to two children, both healthy and well, and that she experienced no difficulty in either of her accouchments.

POISONING BY STRYCHNIA TREATED WITH THE ORDEAL NUT.

By James T. Newman, M. D.,

of Chicago, Illinois.

Was called July the 1st, of the present year, see a young lady, named Miss Kate Pindar, esiding on Monroe street, No. 116, Chicago, llinois. I found the pupils dilated, face suffused and red, muscles rigid, head bent back, spine curved, arms stretched out, hands clenched, violent paroxysms every five or ten minutes. I gathered as quickly as possible all the information that the mother possessed. It appears that the girl was suffering with chronic diarrhœa and suppression of the menses. She had employed a physician, who had given some pills, one of which was to be taken three times a day. The second dose was reached nearing the third, when the conditions that I have mentioned were observed by the mother. She immediately sent for the doctor; but not finding him, I was sent for. I diagnosed poisoning by nux vomica or its alkaloid. Having had a case of tetanus some months ago, and the symptoms being so near alike, I resolved to treat the case in the same manner that I would a genuine case of tetanus. Not having my hypordermic syringe with me, I stepped out and borrowed of a gentleman close by.

I then went to the nearest drug store and ordered one-sixth of a grain of the calabar bean, dissolved in twenty drops of water; returned to my patient and injected into the right arm, at the biceps, my favorite place, and sat down to watch the results. I had not watched more than thirty minutes before I noticed that the pulse became softer, and had fallen from 120 to 95; the respiration became more regular; the legs which had before been rigid, now became freely movable; the abdominal muscles lost their tension, and the arching of the spine disappeared; the jaws which had been locked, moved freely. Thought she was better. Left her, promising to come back in three hours. It is six in the evening. Came back as I told them. Found a slight return of the spasms and rigidity of the muscles. I had prepared a pill containing one-third grain of the ordeal bean, which I gave and left her for the night. July the 2d, much improved; no symptoms of poisoning, with the exception that the pupils were greatly dilated. I did not think it necessary to give the medicine any longer. Hence, I prescribed plenty of good food. The next day there was no dilatation of the pupils, and no trace of poisoning. I told the mother to send for the other physician, but the girl refused to take any more medicine from him, and asked me to continue with her.

I consented to treat her, and immediately proceeded to find out what the matter was. She told me that she had been troubled with diarrhœa for over nine months; also complained of acute pain in the left iliac fossa; sometimes it would course down the inner side of the thigh. I took the speculum and examined the uterus; found an ulcerated patch about the size of a York shilling; to this I traced all of her trouble; took a piece of cotton batting and wiped it clean, and then applied carbolized oil to the surface. The proportions of the oil were as follows: Acid, two parts; oli, one. This operation was repeated once daily for three weeks. I also prescribed,

R.	Quinia sulphatis,	gr. xx.
	Acidi sulphurici arom.,	ʒij.
	Syr. aurantii corticis,	ʒvj. M.

Fiat mistura.

Sig. Teaspoonful three times daily.

She recovered rapidly under this treatment, and to-day she is in perfect health.

Good Law.

Drunkards in Illinois are likely to have a hard time. The new law classes them with insane persons and idiots, and places them under the care of guardians and overseers of the poor; and when a man has been declared an habitual drunkard, he has no remedy from guardianship until a year has elapsed.

Why cannot every State have such a law—or *some* law to protect society from misery and crime resulting from the vice of drunkenness? If there is an idiot or rather, an insane person who needs restraint, it is he who voluntarily puts "an enemy in his mouth to steal away his brains."

Editorial Department.

Abdominal Puncture in Tympanites.

James G. Davey, M. D., of Northwood, Bristol, read before the British Medical Association the following case:

The case which I am about to narrate is, to my mind, one of some practical value; it opens up a question, the reply to which I look for from this present meeting.

On the 6th of last October (1868), I saw at Whitfield, with Mr. Salmon, of Thornbury, a female child about nine years of age, suffering from a very evident and severe affection within the abdomen. The history of the case was this. In the preceding August, toward the end of the month, Mr. Salmon's assistance was sought for this child, in consequence of her complaining very constantly of the "stomach-ache." Mr. Salmon found his patient with an abdomen somewhat tender and distended. The bowels were constipated, the tongue dirty and yellowish, and the breath fœtid. She felt sick, and was without any appetite. He found her, in a word, *bilious*. Aperient medicines were prescribed, and warm poultices put on the abdomen. But little and temporary benefit resulted, and then more active aperients were resorted to. Enemata were administered from time to time; and the local application of tincture of opium with olive oil, and of mustard cataplasms with turpentine stupes, was suggested. The diet was, of course, of a light character, as broth and milk, with wine or brandy and water occasionally. Two or three weeks elapsed, and the symptoms not only did not give way or succumb to treatment, but they became much aggravated. The indications of disorder of the *primæ viæ* became more and more palpable. Thus the abdominal pain and distension were increased, and the sickness was more urgent. The disinclination to take food persisted; the tongue was still foul; and the bowels remained more or less constipated—that is to say, not duly purged. Palliatives, as spirits of chloric ether, hydrocyanic acid (dilute), etc., were now given, but with only a passing relief to the sickness and pain.

Some further time elapsed, and then it was that I was requested to see her—in consultation, of course, with Mr. Salmon. I found our patient lying on her back, with the knees drawn toward the abdomen, but falling to the right side. She was greatly emaciated, and to all appearance not far from death. The abdomen was enormously distended, and very evidently tympanitic; tongue loaded, moist, and covered with a darkish mucus; breath very offensive. She had no appetite. The bowels had been relaxed ("diarrhœa".) The skin was somewhat hot and dry; pulse rapid and feeble. Though believing the case a hopeless one, we determined on a line of treatment. We sought—1, to maintain the powers of life by the aid of small and frequent quantities of diluted brandy, beef-tea, milk, and the like; 2, to relieve the local distension and pain by the application of the linimentum hydrargyri, a flannel bandage being worn over the abdomen and around the body. We agreed on the administration of small doses of either calomel (one-sixth or one-eighth of a grain) or grey powder (one or two grains), with Dover's powder or opium, according to circumstances, every few hours; as well as a mixture containing spirit of chloric ether, compound tincture of cardamoms and syrup of ginger, in camphor mixture. I suggested further, the trial of a dose of castor-oil and oil of turpentine every few days; as well as the use of O'Beirne's tube.

But to the point of this paper. In driving homeward with Salmon, it occurred to me that the enormous quantity of gas or wind occupying either the peritoneal sac, or it might be, the intestines, being nothing more nor less than a foreign body, or, at any rate, a product of abnormal action in the parts concerned, should be evacuated. I said this to Mr Salmon. That gentleman hesitated to fall in with my suggestion. I pursued the subject thus. If, instead of the air within the abdomen of our patient, we felt assured there was fluid or water (ascites), would not an operation—puncture—be then held to be imperative on us? Mr. Salmon assented. The consequence was, that my friend did, on the very next day, act on my suggestion, and operate. A note from Mr. Salmon to myself, dated April 18th, 1869, has these words, viz: "In reply to your letter respecting the little girl at Whitfield Farm, I find that you saw her on the 6th of October (1868), and on the following day I punctured the abdomen, letting out an immense quantity of air, of a most offensive character, which continued at intervals to discharge until her death, which took place on the 19th of the same month. The operation," he goes on to write, "gave great relief, and tended much to mitigate her suffering, previously to which the difficulty of breathing had been most distressing."

Let me observe here, that the examination *post mortem* revealed the ordinary belongings of "tubercular peritonitis;" viz: adhesions, deposits of lymph, purulent effusions, and so on. There were, in addition, three ulcerations on the intestines, one of which had, it would seem, opened a communication between the gut and the abdominal cavity; in the immediate neighborhood of which, and external to the bowel, some fæces was seen. This "communication," however, was nowhere near the seat of "puncture."

As you will perceive, it was not the good fortune of Mr. Salmon and myself to achieve more than the relief of our patient's great sufferings; but does not this partial success seem to justify, in extreme cases of tympanites, a resort to the trocar and canula? However, I am not without evidence of a more assuring or promising character; and to that evidence I would now invite your attention.

In the *Medical Press and Circular* for April 7th, 1869, you will find these words; viz.:

"*Intestinal Puncture in Tympanites.*—Under the advice of Dr. Fonssagrives, intestinal puncture, as a last resource, has been several times practised at Toulouse, on two patients suffering from tympanites. In the first case the abdomen formed an immense mass; the patient was perfectly cyanosed, and suffocating. An exploring trocar was inserted into the most distended part of the lower umbilical region. The gas escaped so violently as to extinguish a candle. The distention returning next day, two fresh punctures were made in different places, and gave so much relief, that the life of the patient was prolonged four days. In another case, six punctures were made, until the gases were naturally evacuated, and the patient cured."

Now it was on reading the above sentence that it occurred to me that the case of Mr. Salmon's was really deserving of record, as leading us up, as it were, to the very gratifying result of the treatment of tympanites by puncture, as realized by Dr. Fonssagrives, of Toulouse; and hence this paper.

Speaking on this subject to a medical friend some weeks since, he told me that veterinary surgeons so treated the disorder among cattle. That this is the case, I have the authority of Mr. Nathaniel Leigh, the eminent veterinary surgeon of Bristol. I wrote to him for information in regard to the treatment of tympanites in horses and cows. He has replied as follows, under date April 28th, 1869. "Tympanites is a very common occurrence in cows, but not so frequent in horses. I have operated with great success on both. I make the puncture with a common trocar, or, if I have not that at hand, with a common pocket knife. I pass the trocar or knife just between the last rib and the ilium, and on that side of the abdomen which is the more prominent. I think," he adds, "that, if the operation were more frequently resorted to, many beasts would be then saved which now die."

In view, then, of the foregoing facts, are we not called on to draw this conclusion—viz.: In extreme cases of tympanites (the air being either within or without the intestines, *i. e.* in the peritoneal sac), the other and more ordinary remedies failing, puncture of the abdomen is not only perfectly justifiable, but is, in point of fact, called for, even demanded, at our hands.

Pathology of Insanity.

Dr. HOWDEN, in the *Lancet*, gives the following results of cadaveric observations of nerves in lunatics:

First, then, I have met with an apparent fatty degeneration of the grey substance of the cerebrum in some cases of general paralysis, and in cases of acute mania without paralytic symptoms, but believe it to be a rare condition.

Second, That in cases of long-standing insanity the cells of the grey matter of the cerebrum present a granular appearance; that this appearance is most intense when the mental excitement has been most severe and long-continued, as in general paralysis epileptic mania, and remittent mania; that it is always accompanied by a deposition of granules of hæmatosin outside the walls of the capillaries and smaller vessels of the grey substance, and usually by deposits of free granules scattered through the grey substance.

Third, That similar changes in or around the cells are found in all parts of the brain and spinal cord, with the exception of the cerebellum, where the cells are always (?) full of granules.

Fourth, That the granules are not generally of a fatty nature.

A careful examination with a variety of magnifying powers inclines me to think that, in many instances, the granules are deposited, not *inside* the cells, but *around* them, as the hæmatosin is around the blood-vessels; and I have sometimes noticed them scattered along the fibre coming from the multipolar cells. The granules are unaffected alike by sulphuric ether and strong alkalies. In extreme cases the cell becomes converted into an opaque yellow, horn-like body, in which no trace of a nucleus can be detected.

While, as I have said, this granular condition o the grey substance may be found everywhere but in the cerebellum, it can be studied more readily inf some parts of the nervous centres than in others. As, for example, in the convolutions on the vertex, the convolutions above the corpus callosum, and in the cells of the grey matter at the lower part of the spinal cord.

Until reading the paper of MM. Poincare and Bonnet, I had not examined the cells of sympathetic ganglia, and since then have not had many opportunities of doing so. I have, however, found in persons

who have not died of general paralysis, appearances similar to those described by them.

How far this granular change in the nerve-substance is compatible with healthy mental action is a point yet to be determined. I am disposed to think that this change will be found to a certain extent in persons in advanced life, and that, in many cases, it is the result of the aging of the cell so to speak; just as atheroma and ossification of the arteries are changes incident to advanced life. This view, however, does not invalidate the importance of the fact that, in cases of insanity, accompanied by violent cerebral action of considerable duration, a very decided change takes place in the condition of the ganglionic cells—a change accompanied by an alteration of the vessels of the grey substance, and succeeded by the usual evidences of brain decay—shrinking of the grey and white matter, œdema of the brain, excess of fluid in the sac of the arachnoid, and, in the lateral ventricles, thickening of the membranes, and dementia.

It is, perhaps, too much to expect that the microscope will enable us to discover alterations in the brain which produce mental derangement; but that it reveals to us changes in the nerve-substance, as a consequence of that condition, changes incompatible with healthy mental action, I think certain. There is in this department of histology a vast field untrodden, and one which will not fail to repay the earnest worker.

Case of Aneurism of the Thoracic Aorta:

G. H. Philipson, M. A., M. D., Cantab., M. R. C. P. L., Physician to the Newcastle Infirmary, etc. records the following case in the *Lancet* for Nov. 28, 1868, p. 693.

In January, 1867, during a cold sleety night, the late Mr. Pyle was hastily summoned, by his assistant, to a case of difficult midwifery. In his anxiety to reach the house with the least possible delay, he took the more direct route across the fields, and unfortunately got into a snow drift. For some hours afterward he was prevented obtaining dry clothes, and subsequently suffered severely from rheumatism, principally of the large joints and of the chest.

In August, 1867, Dr. Peacock, of London, was consulted, who stated that aortic valvular disease existed, and advised relinquishment of professional duties.

In November, 1867, the conjoint opinion of the late Dr. White and Dr. Charlton was sought, both of whom diagnosed the existence of aneurism of the arch of the aorta.

On the 25th of January, 1868, our author was afforded an opportunity of examining Mr. Pyle. At that time there was a visible pulsation in the right mammary region, most evident at the third interspace. There was dullness from the middle of the sternum, three inches and a half to the right; over this space a double blowing murmur was heard. There was no general or local bulging of the sternum. The heart's impulse was a little within and below the left nipple. The heart's sounds at the left apex were free from murmur; at the base, very rough and grating, especially the first. There was no pain in the chest or back. The lower extremeties at times were cold and numb. Aneurism of the transverse and descending portion of the arch of the aorta was diagnosed.

On the 20th of October, 1868, Mr. Pyle caught cold; bronchial irritation, dysphagia, and vomiting supervened. On the afternoon of the 24th syncopal attacks occurred, followed by great depression, which gradually increased; and on the morning of the 25th death took place, at the age of sixty-three.

Autopsy, fifty-six hours after death.—The chest was remarkably well proportioned, and unaltered in contour, the sternum, costal cartilages, and ribs being neither displaced nor absorbed. The heart was in its normal situation, and adherent to the pericardium for the whole length of the anterior surface of the right ventricle. The left pleural cavity was filled with black coagulated blood, the left lung being collapsed and compressed against the vertebral column. The aorta, commencing immediately above the semilunar valves, and for the whole extent of the arch, was widely dilated, and fusiform in shape; while, from the left side of the thoracic portion, there was an aneurismal sac, in size equal to two large oranges, and which had ruptured near its lower portion, the laceration being about half an inch in length, and partially obstructed by a fibrinous coagulum. The parietes surrounding the rent were thin and soft. There was no erosion of the vertebræ; but partial softening of the intervertebral substances adjacent to the aneurism. The sac was about half filled with firm fibrinous coagula, arranged in concentric layers. The aortic semilunar valves were thickened, so also the mitral. The internal surface of the aorta was everywhere studded with atheromatous patches, but nowhere calcareous. The muscular tissue of the heart was soft and fatty; the liver was fatty; the lungs and the kidneys were healthy.

The following are the points of special interest in this melancholy and instructive case:

The clearness of the history, and the distinctness of the symptoms and signs.

The magnitude of the arterial disease, and the presence of two different forms of aneurism continuous with one another—the one, situated at the arch, being of the peripheric or dilating variety, and that of the descending aorta of the lateral or sacculating.

The solution of continuity in the walls by softening and laceration, as is usual when aneurisms rupture into serous cavities.

The evidence of the former occurrence of adhesve pericarditis, in all probability at the time of the rheumatism, in January, 1867.

The exemplification of the fatty diathesis, by the extensive atheroma and coincident fatty condition of the heart and liver.

Endoscopy of the Womb.

Dr. PANTELEONI uses Dr. Cruise's endoscope and opens the cervix by sponge tent. He reports this case:

I had the lady on her left side, as it is usual in England in specular examinations or confinements, and I took the only precaution, that the lady should be as near and as much out as possible on the borders of the bed, as otherwise the lamp of Dr. Cruise's instrument might set fire to the curtains and at all events the endoscope be not so easily managed. Dr. Sims in his excellent works disapproves of the practice of removing the sponge tent in the lateral situation of the lady; and after the examination he directs the woman to lie on her back, and he then proceeds to the removal of the sponge and introduction of the finger for the digital exploration of the cavity. And certainly this system is the only practical one for the *digital* exploration, but I could not follow it without again turning the woman a third time on her side, as the application of the endoscope is almost impossible if the lady lies on her back. The reason quoted by Dr. Sims against the removal of the sponge in the lateral position of the woman is, that the column of air precipitates itself inside the womb at once, and may, by its pressure, produce an irritation or inflammation of the organ. I could never believe much in such an explanation; but knowing what a diligent observer he is, I always apprehended some mishap from following a plan, which he had occasionly seen dangerous. However, till now, I have not had, fortunately, any reason to confirm myself in those apprehensions.

The removal of the sponge, although made with the greatest precaution, produces always some bloody discharge, and as soon as the sponge tent was removed, I introduced, with the greatest ease, inside the cavity of the womb a cylindrical tube No. 30 of the *filiere* of Charriere, and of the length of twenty centimetres; and constructed in such a way as to be perfectly adapted to the usual endoscope. In fact, it differed only from the usual tubes of Desormeaux by its being shorter, and by having suppressed the lateral openings existing in the urethral tubes of Desormeaux. Having in such a way applied the endoscope I could see most clearly the cavity of the womb, and inspect the condition of the internal membrane. A polypous vegetation was easily discovered at the bottom of the cavity and toward the posterior part of the *fundus uteri* in my case. It was of a vivid red color, unequal like a sponge, and of the largeness of a small strawberry. It was striking the difference with the pale yellowi color of the rest of the membrane. I withdrew t endoscope fixing the tube, however, upon the veg tation, and introduced the caustic through the tu itself, being therefore quite sure of the impossibili of touching anything but the vegetation itself a then, each time I looked in again with the endosco to certify the effect of the cauterisation before r moving the tube. I was obliged to return six seven times to the use of the caustic. I employe the nitrate of silver, the chromic acid, which I ha experienced particularly useful, and I would ha willingly tried the caustic of Filhos and Bonnafon which I have so frequently and so advantageous employed on the neck of the womb, but I could u find any means of reaching with those caustics twenty centimeters distance. The cauterisatio performed, I always plugged the vagina with son cotton wool, to prevent the running of the caustic o the outside, as the nitrate of silver employed to t neck of the womb produces always great pain t the outside parts without this precaution, and I ha imbibed generally the cotton wool with a solutio of chloride of sodium to decompose the nitrate silver when I used this caustic.

I never saw the slightest inflammation of the bod of the womb, or of the peritoneum through t employment of strong caustics or of the injectio of a strong solution of iodine. In one case even m solid nitrate of silver broke, and a large piece wa left inside the womb; but I had learnt already fro the excellent work of Dr. Courty, how innocuous wa this accident; and the patient felt no inconvenienc of any kind from it. The reason of this innocuit evidently lies in the mouth and canal of the cervi being widely opened; and therefore the injecte liquids or the secretions produced by the cauterisatio running freely; and my experience is in this poin in accord with that of the best gynæcologists, that th accidents produced by the injections even of simpl water were due to the circumstance, that the flui not being free to run out from the womb was eithe forced through the fallopian tubes into the peritoneu or even kept inside of the womb, acting as a kin of foreign body upon it.

The case to which I make allusion, and whos treatment gave origin to this article, proved to b one of the most perfect success, and with no retur of the illness; but this case is not the only one wher I employed this system of exploration. I have applie it several other times with a negative, but not an un propitious result. In one case of the most obstinat and frightful repeated hemorrhage, where I had des troyed several fungosities round the mouth of th womb, served to prove that the lady was perfectl cured, and I could send her safely to some iro springs, where in a month or two she recovered th most brilliant health. In another case it authorize me to employ freely some perchloride of iron locally and internally the ergot of rye. The hemorrhage

hich existed for several months, ceased immedi-ely, but it did not return but with the regular enstruation and in the regular quantity.

Spontaneous Cure of Ovarian Dropsy.

Dr. M'MILLAN recently reported the following iggestive case to the Edinburgh Obstetrical Society: About twelve years ago, I was consulted by Miss ., on account of a peculiar enlargement of the ab-men, which gave her much anxiety, as it was adually increasing. At this time the patient was years of age; and in addition to the swelling, hich was her chief anxiety, she was laboring un-r a form of chronic bronchitis, which had com-enced simultaneously with the swelling. She was in and emaciated, with a somewhat cyanotic, and ry anxious expression of countenance. I exam-ed her carefully, and my opinion was that it was case of *ovarian dropsy*, the nature of which I ex-ained to her, and gave her advice with a view to e relief of her breathing, and the benefit of her neral health. The case had altogether a bad as-ct, and my impression regarding it was very un-vorable. At this stage of the case, I went abroad; d on my return to Edinburgh a few months ago, ter ten years' absence, my old patient was one of e first persons I recognized on the street, but she as so much altered, and improved in appearance, at I stopped her to make some inquiry and get me explanation of the change, when she gave a arrative of which the following is an outline:—She ld me that after I left, she continued to grow worse d worse; she went to dispensaries, consulted sev-al doctors in Edinburgh and Leith, and also medi-l gentlemen from London; all of whom were greed as to the *nature* of the disease, but no medi-ne or treatment which she received was of any vail. At length, one day in October, 1864, she had en down seeing a sister in Leith, and was return-g by Bonnington Road. She had arrived at a oint somewhere on the Edinburgh side of the cem-ery, where the road is narrow and walled in on ther side, when she heard an unusual noise; and looking in front, to her great horror and dismay, e saw two runaway horses with carts advancing ward her at a rapid rate. She instantly turned d ran toward Leith with all the speed she could mmand, the horses gaining rapidly upon her. At ngth, when nearly up to her, the last horse tried get alongside of the first one; thus the whole eadth of the road was occupied, and there was no cape for poor Miss H. At this critical juncture, e carts, which were laden with stones, became en-ngled, and one of them upset. Miss H. was nocked down, and gave herself up for lost; luckily e fell in the gutter, alongside the footpath. ither the wheel or edge of the capsized cart fell ght across her body, but was prevented from kill-g her instantly by the rise of the sidewalk. Of course she thought her end was come, and for a moment she felt an agonizing sense of being crushed to death, and suffocated; for her face and mouth were embedded in the mud of the road. Help was at hand, and she was soon extricated from her perilous situation. When taken up she was in a state of insensibility, and remained unconscious for some days. The first thing she noticed on recovering her senses was, that *the large tumor in her stomach was gone*; and she called the attention of her friends to this extraordinary circumstance. Of course it was a source of great satisfaction to her, as well as wonder. Beyond a few severe bruises, and the shock to her nervous system, she received no serious injury. She was confined to her bed for six weeks, during which time she had a severe cough, with a very copious expectoration of purulent-looking matter. This gradually ceased, and she recovered, and with *the tumor* entirely gone; she became restored to a condition of *perfect health*, to which she had been a stranger for many long years.

Paralysis Agitans and Indurated Patches.

M. CHARCOT directs attention to the importance of the distinction of cases of tremors into two classes or groups: the first comprehending those cases in which tremors occur only during an intentional or voluntary movement; the second including the cases in which the tremors are constant, or at least cease only during sleep. The latter group constitutes the paralysis agitans. In each group there are numerous species, presenting considerable differences. This distinction of the convulsive tremor (*tremor coactus*) from the simple trembling due to weakness (*tremor a debilitate*), is mentioned by Galen, and was insisted on by the medical writers of last century; but, notwithstanding its importance, was, till recently, overlooked by modern authors. Gubler has shown that the spasmodic tremors are often due to alternate jerking contractions and relaxations of the muscles, by which movements are affected, or the attitude of the body preserved (*Astasie Musculaire; Arch. Gen de Med.*, 1860, t. xv. p. 702). In recent treatises, as Trousseau's (2d edit.), Grisolle, Sanders in Reynolds's "System of Medicine," these distinctions are fully recognized. But M. Charcot maintains that true paralysis agitans, in which the tremors are convulsive and permanent, is a neurosis (*i. e.*, does not depend on any material morbid lesion); while the occasional tremors, during voluntary acts, are the result of indurated (sclerosed) patches scattered in various parts of the spinal cord. M. Charcot then enters into a description of the symptoms of the paralysis agitans, as observed at the Salpetriere, and, in addition to the tremors and tendency to move forward, so graphically described by Parkinson, insists on the rigidity of certain muscles in the neck, trunk,

and extremeties, and describes the deformities which result in the hands and wrists. The author notes also the difficulty and the retardation in the execution of voluntary acts, giving a semblance of paralysis, while the dynamometer shows that the muscular strength is remarkably preserved—often greater in the limb which trembles most and seems weakest. This rigidity often occasions painful cramps. One symptom which M. Charcot has not found mentioned in previous descriptions is a habitual sensation of excessive heat. This feeling is entirely subjective, the actual temperature not being increased. Indeed, the absence of any elevation of temperature is surprising, when the amount of muscular motion is considered. This M. Charcot ascribes to the dynamic character of the contractions; static (*i. e.*, with predominance of tonic) contractions only raising the temperature to a notable extent. As yet no alterations in the urine, similar to those observed in chorea and delirium tremens, have been observed; this desideratum M. Charcot intends to supply.—*Gaz des Hop.*

Calabar Bean in Tetanus.

Though the following case was unsuccessful in result, it seems worthy of quotation, in an abridged form, as a contribution to this most interesting subject:

The Calabar bean, since its introduction into practice not many years ago, has been administered in many different diseases, but chiefly in those of the nervous system. This is natural, as the remarkable physiological phenomena induced by the Calabar bean chiefly affect the nervous system. In 1866, during my residence in the Saltpetriere, I administered the Calabar bean to epileptics, under the direction of M. Delasiauve. Our results were not very encouraging, but will be published. The case now to be noticed is one in which we had the opportunity of using the Calabar bean in tetanus resulting from a penetrating wound of the knee.

A. M., æt. 9, was admitted to hospital on June 6, 1867. In attempting to leap on a lorry he had missed his footing, and caught his right leg between the spokes of the wheel. He had a wound of the right knee, and a bruise of the right ankle. The child had had repeated fits in infancy, which had very much interfered with his health. He, at six years of age, had scarlet fever, followed by albuminuria.

7*th June.*—The child was put under chloroform, and the wound dressed. It was found to communicate freely with the knee-joint. He had a bad night, restless and sleepless.

11*th and* 12*th.*—Limb swollen; wound discharging fœtid and serous pus. Pulse hard and strong; no appetite. Parents object to amputation.

16*th*—To-day new symptoms appear; risus sardonicus; slight contractions of the orbicularis palpebrarum; pain in the jaws. At last leave was obtained to amputate the thigh, which was done on June 17. The nervous phenomena diminished toward evening.

18*th.*—Bad night; tetanic symptoms aggravated; muscles of neck have become stiff. Ordered powdered Calabar bean, three-fourths of grain every hour in pill, and an equal quantity of the extract every two hours.

Vesp.—Symptoms as before.

19*th.*—During the night the child had taken, in divided doses, an emulsion containing fifteen grains of the powdered bean, and had slept three hours consecutively. Dose to be repeated during the day.

Vesp.—Symptoms all again aggravated; perspiration abundant; urine scanty.

20*th.*—A better night; slight opisthotonos. Patient had had no bean since 11 P. M. To have 22½ grains of the powder, with tea and rum, during the day.

Vesp.—Tetanic symptoms decidedly better. Repeat the dose of the bean.

Midnight.—Rapid movements of all the limbs and in the flap, causing it to bleed; a distinct rigor.

21*st.*—Tetanic symptoms much worse; jaws closed; swallowing difficult; opisthotonos. The Calabar bean was not repeated. The child died in the evening.—*Gazette Medicale.*

Peroxide of Hydrogen.

Dr. ALLBUTT says, in the *Lancet*, of this drug:

The great hopes which were entertained of the action of this remedy, seem to be fading away. Dr. Allbutt has given the solution of peroxide of hydrogen and the so-called ozonic ether a long and careful trial in four cases of diabetes; but the want of success in each case has deterred him from submitting any more diabetic patients to the same useless procedure.

The four cases were chosen as representing four degrees of severity of the disease. The patient who was taken as an example of the extreme stage, was treated with increasing doses of peroxide of hydrogen for six weeks. No good effects were noticed, and the patient died a short time after the discontinuance of the medicine.

Two of the cases were in private practice, and two were in the infirmary. The therapeutic experiment was carried out in the infirmary with great care. The two patients were taken in at the same time, and their weights, quantities of urine, amounts of water drank, and specific gravities of urine were taken daily. For about ten days they were placed on an ordinary diet (some restriction in the quantity of potatoes and bread only being made), and the daily variations noted. The peroxide of hydrogen, the purity of which was guaranteed, was then given in increasing doses, until the two patients were taking half an ounce of the liquor every six hours. In

one, the slight daily decrease of weight was arrested for a day or two; but this was apparently accidental, as it soon recommenced. It was intended to publish the columns containing the daily weight, water drank, urine passed, and specific gravity; but as no important variations were seen in them on administration or withdrawal of the medicine, it seemed unnecessary. Both patients improved subsequently on carbonate of ammonia and restricted diet, though one of them, as stated above, ultimately died. The peroxide of hydrogen was given for about two months in each case.

The Supposed Cholera Fungus.

The July number of the *Monthly Microscopical Journal* contains some critical observations on Dr. Hallier's hypothesis as to the origin of cholera from parasitic fungi, by one who has every title to be heard on such a subject—the Rev. M. J. Berkeley. After stating that two of the most promising young officers of the Indian and British medical services respectively, had been selected to investigate the subject fully in India, and after referring to the three reports published by those gentlemen in this journal, comprising the results of their labors up to their departure for India, Mr. Berkeley proceeds to show that Dr. Hallier's observations were of altogether too vague and undecided a character to inspire much confidence. Great pains, we are told, "have been taken by Mr. Thwaites, the acute Director of the Botanical Garden at Perideniya, in Ceylon (than whom few have a more intimate acquaintance with cryptogamic plants), to acquire every possible information both in India and Ceylon. All his inquiries, however, have failed to detect a single fungus on the rice-plant even distantly allied to the Urocystis (*Polycystis Auct.*): indeed, the only fungus which has been detected is a little species of Cladosporium, differing from the universally diffused *Cladosporum herbarum*, and which, like that, is clearly an after-growth, and not a true parasite. Amongst some 7,000 numbers of fungi from North and South Carolina, not a single one occurs on rice." Mr. Berkeley adds: "An attentive perusal of the report of what Drs. Cunningham and Lewis saw at De Bary's, and the instructions derived from him, as well as that of their conference with Dr. Hallier, will be quite sufficient to make us receive Dr. Hallier's views with much less attention than they have attracted in certain quarters." In alluding to the opportunity he had of examining Prof. Huxley's preparations, Mr. Berkeley says he saw sufficient to hope that Prof. Huxley would continue his investigations, and he thinks that he has exercised a very wise discretion in not publishing his observations too hastily. The preparations given by Hallier as to the connexion of fungi with scarlet fever, etc., proved absolutely nothing. It would be folly to blind the eyes to the experiments of Pouchet, Child, Bennett, and others, as to what is called the Atmospheric Germ theory; but, whatever may be the origin of the minute bodies in question, whether from pre-existent spores, or the fortuitous concourse of chemical and other energetic forces, it is a matter of immense importance to ascertain whether they have any connexion with disease, and it is obvious that the question as to their origin becomes essential. At present, however, according to Mr. Berkeley, there is no proof whatever that different fevers owe their origin to different parasitic fungi, or that especial forms of the same common species appear constantly in the several forms of fever, a circumstance for which there is better evidence, perhaps, as regards certain skin diseases. It is, however, unfortunate that writers on these subjects are seldom persons who are well acquainted with fungi.—*Lancet.*

Un-Hygienic Architecture in Hospitals.

A correspondent in the *British Medical Journal* says on this topic:

As an example of the necessity which exists for ventilating this subject, let me refer to the exquisite little Galignani Hospital, which has just been rendered thoroughly unfit for hospital purposes by the indifference with which some medical men consider sanitary requirements. The circumstances seem almost inexplicable; but there can be no doubt as to the facts, as I have heard them repeatedly stated by Dr. Shrimpton, the physician in charge of the hospital. The hospital, built four years ago by the Messrs. Galignani, to be transferred to the British Government for the benefit of the British poor in Paris, contains twenty beds, and is situated in the Parc de Neuilly, just outside the gates of Paris. It is built on a sandy soil, and has an excellent natural exposure. It receives the rays of the sun abundantly, and the air entered it freely from all quarters until within the last two months, when an immense building was erected immediately adjoining it. This has effectually destroyed the little hospital. The Messrs. Galignani allowed this new building to be erected, by the advice of three well-known French medical men. The Messrs. Galignani, thoroughly aware of the injury which would arise to their hospital from this edifice, had agreed to purchase the ground on which it was being built, when, the day before concluding the purchase, they privately asked the advice of three medical celebrities. Baron Cloquet said: "I do not see that this building will do any harm to the hopital." Baron Larrey went still further, and said: "The new building will be rather an advantage to the hospital than otherwise; it will protect the patients from the sun and wind." M. Nelaton, who was afterwards consulted, was of the same opinion as Baron Cloquet.

The new building in question is a vast warehouse for storing, and workshop for the manufacture

of scenery for the Theatre Francais. It covers a very large space of ground, and has a dead wall fifty-four feet high, rising immediately above the hospital, and extending seventy feet at right angles beyond the hospital, in the direction S. S. E., so that the wards are deprived of all sun until 12:30 P. M., and from that time the heat reflected from this immense wall becomes intolerable during the warm weather. The hospital is thus deprived of all air coming from the S. S. E.; and, when buildings are erected on the other side of the hospital, which may be the case any day, air will also be excluded from the west. It is impossible to account for Messrs. Cloquet, Larrey and Nelaton having dissuaded the Messrs. Galignani from the necessity of keeping their hospital isolated as it was; but this admits of no denial that *they have destroyed an exquisite little hospital.* The point, however, upon which I wish to insist is this: that hospitals, which from original or acquired defects in construction or situation do not receive a sufficiency of air and light, ought not to be accepted as fair fields for testing and comparing "the action of drugs and other external influences upon the bodily organs and functions."

Another illustration of my point is the new Hotel Dieu of Paris, at present in course of construction. Few hospitals are worse than the old and condemned Hotel Dieu. Its costly successor does not promise to be much better adapted for the treatment of the sick, and for therapeutical observation. The edifice is sufficiently advanced to show that there will be but a stinted supply of air and sun-light.

The building of the new Hotel Dieu, including purchase of ground and indemnities to former proprietors, will cost 40,000,000 francs, that is, one million, six hundred thousand pounds sterling. This is equal to an annual charge in perpetuity of £112 sterling for each bed, reckoning merely the cost of the bare walls! This calculation is based on the fact that there are to be 700 beds, which will make the cost of each bed about 57,000 francs.

I must add, however, that there are modern buildings in Paris which are really models for the reception of the sick; and which, could I venture to make the necessary demands on your space, I should have pleasure in here describing. I may refer, for example, to the Asile Sainte-Anne, recently erected by the Department of the Seine as a depot for insane patients. This institution ought to be visited by English physicians when they come to Paris. It is situated inside the fortifications at Gentilly-la-Glaciere, not far from the Val de Grace and Observatory. This magnificent institution consists of detached pavilions united by covered pathways, the whole being enclosed in a garden, and accessible to the sun and all winds.

Nitric and Nitrous Oxide.

The editor of the *Dental Register* says:

It is true nitric oxyd is twice as rich in oxygen as nitrous oxyd; but it is not true that it is as ready to part with it. On the contrary, it most urgently demands more oxygen. So energetic is its affinity for oxygen that it takes two equivalents of this element from atmospheric air almost instantaneously, and the compound thus formed takes still another from water, if it be present. Nitric oxyd might be practically used as a deoxydizer much more extensively than it is. The terrible depression of vital force resulting from breathing nitric oxyd, even very much diluted, (for only thus it can be breathed,) is partly, and perhaps mainly, due to its affinity for oxygen. Commingled with the blood, it takes the oxygen of reserve from the blood corpuscles, and they fail to support life in proportion to the degree of deprivation. But this is only half the story of its toxic effects when breathed. We have noticed that it rapidly takes two equivalents of oxygen from the atmosphere, and the result is nitrous acid. This, in contact with watery vapor, is changed to nitric acid, by its taking another equivalent of oxygen. This, with the increased energy due to its nascent condition, cauterizes the mucous membrane lining the air cells, and does any one suppose that when thus cauterized the membrane is in proper condition for the transmission of gases in either direction?

With nitrous oxyd the case is radically different. It is ever ready to *give* and but little inclined to *take* oxygen; and when inhaled *may* pass into the circulation and *may* yield oxygen to the blood. But does it? Just here let experience take the place of theory.

When pure nitrous oxyd is taken into the air cells it does not *all* come out again. This we have demonstrated scores of times. When respired there is usually a great increase of carbonic acid in the earlier expirations. This is beyond dispute. From breathing large doses of it the urine is increased in quantity, and contains more oxydized matter. These facts I have repeatedly demonstrated on myself and others. It will *sustain respiration a long time*, and it does so either by furnishing the oxygen to the blood or by carrying off the carbonic acid and water, so that the oxygen of reserve can supply the vital functions, or it may act in both these ways, for they are not incompatible, as is constantly proved by atmospheric air performing both offices in respiration. I have many times seen nitrous oxyd breathed for twenty minutes, while atmospheric air was rigidly excluded. I have so breathed it many times myself, and without the slightest loss of consciousness, and what is more, without change of complexion, sense of suffocation, or any inconvenience whatever. The results were the same with the others who did so, except that there was more or less complete loss of consciousness. One time I breathed it exactly an hour, taking just eleven breaths of air during the experiment, and was sufficiently conscious and self-possessed to thrust a pro-

tected steel instrument into my thigh once a minute, as was corroborated by counting the holes in the skin after the close of the experiment. During the greater part of the hour the respirations were from three to seven to the minute, while the pulse, frequently counted, was not found below sixty-seven nor above seventy-two. At no time during the hour was there any darkening of the complexion or sense of suffocation. The after effects will be omitted here for want of time and space. The experiment is not a prudent one

Aneurism of the Coronary Artery of the Stomach.

In the transactions of the Ulster Medical Society, published in the Dublin *Quarterly Journal of Medical Science*, for May, 1867, p. 469, it is stated that Dr. CUMING exhibited the stomach, spleen, and portion of the peritoneum of a patient who had been operated on for strangulated hernia by his colleague, Dr. William MacCormac. The patient, a female, aged sixty, was almost moribund on admission into hospital, and died soon after the operation. She had complained of severe pain in the epigastrium for some days before death. When making the post mortem, Dr. MacCormac had found a dark mass above the lesser curvature of the stomach between the layers of the peritoneum. On examining the specimen which had been placed in his hands, Dr. Cuming found that the mass consisted of coagulated blood, which had been furnished by the rupture of a small aneurism, situated on a large branch of the coronary artery of the stomach proceeding toward the cardiac end of that viscus.

The blood, which was about three or four ounces in amount, was contained between the folds of the lesser omentum.

Physical Examination of the Stomach.

In the Report on Practical Medicine in the Dublin *Quarterly Journal*, for May, 1869, p. 424, it is stated that Dr. Fenwick recommends the employment of auscultatory percussion for the purpose of defining the extent and position of the stomach. The mode of employing this method of investigation is as follows: The cup-shaped end of a Camman's stethoscope is applied to the epigastrium at a point where gas has been previously ascertained by percussion to exist. With the finger, a point close to where the stethoscope is placed, is smartly struck. A distinct shock is felt in the ear applied to the stethoscope till a point is reached at which the shock is no longer transmitted in this direct manner. This marks that the boundary of the stomach has been reached in this direction. By percussing the patient when lying on one side, and afterwards when on the other side, and on the back, the gas may be made to distend each part of the stomach in turn, and an outline of the organ can be mapped out.

The principle on which the method depends is that the direct transmission of the shock to the ear ceases when the blow is made beyond the organ over which the stethoscope is applied. This priciple had been previously applied to the examination of the heart by Drs. Camman and Clark.

Reviews and Book Notices.

Electricity in its Relations to Practical Medicine. By Dr. MORITZ MEYER; Translated from the Third German Edition, with Notes and Additions, by William A. Hammond, M. D., etc. New York: D. Appleton & Co., 1869. 1 vol. 8 vo. cloth, pp. 497.

Dr. MEYER has made electricity a subject of especial study for a long series of years, and in this volume sums up the results of his experience. He is a careful clinical observer, and intimately acquainted with the medical applications of the various forms of the electrical current. Hence his work is superior in many respects to any now in the market, and deserves the encomium which the translator gives it—that of being "the best in the market."

After a short introduction descriptive of the different forms of electricity, he considers the action of the currents on the organs and tissues of the body, the different apparatus used, the importance of electricity in the diagnosis and prognosis of paralytic affections, and its use as a curative agent in medicine, midwifery and surgery. The translator, who has done his work with that thoroughness which characterizes whatever comes from his pen, has added some valuable notes on the treatment of Infantile paralysis, which add to the value of the book.

Ophthalmic Surgery and Treatment, with Advice on the Use and Abuse of Spectacles. By JOHN PHILLIPS, Optician and Oculist. Chicago: Western News Co., 1869. I vol. cloth, 8 vo., pp. 510.

There has been a vast amount of writing on ophthalmology of late years, and few works of sterling value among them all. One copies from another, or relates cases, or advances theories more or less crude. Mr. Phillips' work, while meritorious in some respects, is not of any especial value for original matter. It is, however, a good compilation for the practising physician. The style might be less obscure in parts, and the paper and engravings are not creditable to the publishers, or whoever had charge of this department. While we say this much, we cheerfully recognize a number of useful hints for treatment scattered through the pages.

—— In France, butcher's meat is often preserved in hot weather for eight or ten days, by placing it in large earthen pans, putting heavy stones upon it, and covering it with skimmed milk. The milk as it becomes sour is to be removed and replaced by fresh; but of course can be used as food for pigs.

MEDICAL AND SURGICAL REPORTER.

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S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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THE HIGHEST BRANCH OF MEDICINE.

It is a curious reflection that, in theory, the aim and objective point of the three learned professions is to do away with the necessity of their existence. The priest or preacher seeks to reform the world, to make it so righteous that there will be no further need of admonition and exhortation; the lawyer is constantly striving to make crime so unpleasant, and to popularize justice so thoroughly, that the statute book and the jail will no longer be required; the physician recognizes the prevention of disease as the highest purpose of his calling. If he could succeed, there would be little or nothing left for him to do; for prevention would ask little beyond individual knowledge.

Such being the most elevated object of medical science, it is worth inquiry how best it may be attained. Year by year the belief in specifics, or in any doctrine of signatures, has been diminishing, until now we may consider it extinct. We trust in the natural powers more, in the individual capacity more, less and less in foreign impulses communicated to the system. This is true in prophylaxis as well as treatment. Thorough, careful, systematic hygienic remedies are better than any drug or preventive agent.

It is one of the best signs of the times that the care of the body in health has been attracting the attention of medical men of late years, as much as the care of it in disease. Personal hygiene should occupy quite as prominent a place in medical discussions as public hygiene. For every valid effort in this as in political life, must start from the individual.

We should, therefore, as a body, encourage the dissemination of correct views on anatomy and physiology; we should strive to introduce such studies into schools, and we should give more attention to the education of adults in these matters. Domestic medicine is not our admiration. Everybody his own doctor is a calamitous proposition. Certain simple and harmless remedies it were well to have known widely, and procedures in cases of sudden accident. Beyond this the public need not be instructed.

But they should know as much as they will learn about the structure of the body, and how to preserve it in the very best condition.

Another Visit from Sir Henry Holland.

Sir Henry Holland, Bart., the distinguished English physician, arrived in New York on the 3d inst., in the steamer *Rhine*, accompanied by his son, the Rev. Mr. Holland. Sir Henry has long held a leading position in the profession in London, and is well known to the profession everywhere as an author. He was physician to Queen Caroline, the unfortunate wife of George IV, and was one of the most prominent witnesses on her trial in 1820. In 1834 he married a daughter of Rev. Sidney Smith. He was somewhat noted as a traveler in his younger days, his narratives of travel in Albania, Thessaly and Greece, being frequently referred to by Lord Byron, and now, at the age 81, he intends making an extended tour through the Western and Northwestern portion of our continent, in which he will be accompanied by his son and Hon. William M. Evarts. At present Sir Henry and Mr. Holland are the guests of Mr. Thurlow Weed. On their arrival here cable telegrams afflicted the Rev. Mr. H. with the intelligence that his son, 9 years of age, was accidentally drowned the day after he left Southampton.

Sir Henry seems to be quite partial to our country. It is but a few years since he made us quite a long visit.

Notes and Comments.

"No Medical Men Came Forward."

An associated press dispatch—about the most reliable institution that exists now-a-days, the legitimate successor of the erstwhile "intelligent and reliable contraband"—makes the charge that when medical men were called on at the recent Avondale mine disaster, in the northern part of this State, for a certain service, "no medical men came forward." Medical men are not generally found wanting when life is to be risked in attempts to save life, and we do not believe they were in this case. Will some of our readers in that section tell us how it was?

A Survivor of Perry's Victory on Lake Erie.

Dr. W. T. TALIAFERRO, of Cincinnati, a regular reader of and occasional contributor to the pages of the REPORTER, is one of the three survivors of Perry's victory on Lake Erie. Can he not give us some reminiscences of that memorable fight that would be of interest to our readers?

Dr. USHER PARSONS, of Rhode Island, who died last year, was also one of the heroes of that fight.

A Plea for Therapeutic Observation.

We would commend the following remark appended to an article by Dr. ALFRED E. WILMOT, on the Treatment of Diabetes, published in the London *Medical Times and Gazette*, as worthy the notice of our readers:

In these days, when the study of the action of medicines is partly disregarded in the engrossing search for physiological and pathological lore, it behooves us as therapeutists not to allow all our energies to be absorbed by one department of science, however alluring, but reserve some for the more practical though less interesting pursuit of the discovery and application of remedies for disease.

Malaria in the Tide-water Section of Virginia.

Dr. JAMES B. MCCAW recently submitted to the Richmond Academy of Medicine an interesting report on malaria in the tide-water section of Virginia. He holds that all experience has shown that malaria disappears before an improved and careful system of culture and an increasing and industrious population. The drainage of the land, the rotation of crops and the clearing away of a redundant vegetation invariably drive it into the low, swampy districts which are incapable of tillage or improvement.

Health of Napoleon III.

The health of the Emperor Napoleon III. would appear to be in a more critical condition than has been heretofore announced to the public. According to the rumors on the Bourse, at Paris, the Emperor has been lying at the point of death, and whether this account be true or not, it is certain that his physicians have paid him professional visits several times a day. The London *Times*, usually better informed on all subjects affecting the money market than any other foreign journal, evidently believes that Louis Napoleon is in a dangerous state. To add confirmation to these rumors, the Atlantic Cable announces that the Empress Eugenie, who had just commenced an extended tour to Constantinople and Jerusalem, is on her return to France, and is expected to arrive at Paris between September 3d and 9th.

Correspondence.

DOMESTIC.

Turpentine in the Treatment of Tape Worm.

EDS. MED. AND SURG. REPORTER:

I wish to add my testimony in favor of the use of the oil of turpentine in the treatment of tænia solium.

Your *Half-Yearly Compendium of Medical Science* contains an article taken from the *Pacific Medical and Surgical Journal*, contributed by Dr. D. B. HOFFMAN, exhibiting the beneficial effects of pumpkin seeds in the cure of tape worm. The case reported was in brief as follows: Male, 35 years of age, "troubled nine years with tænia solium, which had stubbornly resisted all treatment." Opiate given and fasting enjoined "for 24 hours and then to take the following prescription:

℞	Pepo. sem. pulv.	℥ ij.	
	Sacchari alb.	℥ ij.	
	Aquæ dest.	f℥ v.	M.

Fiat emulsio.

Sig.—Take in four equal doses at intervals of 15 minutes—the bottle well shaken each time.

℞.	Olei ricini		
	" terebinth.,	aa. f℥ j.	
	Muc. acaciæ,	q. s.	M.

Fiat Mist.

As soon as the last prescription operated the tænia came away entire—head and all.

Having a little experience myself in the use of the pumpkin seeds in such cases and not being favorably impressed, I have thought that Dr. H. was not praising "the horse that carried him safely over" in attributing his success to the pumpkin seeds rather than to the turpentine.

In 1860 I was called to treat a lad—Francis C., aged 16 years. He was greatly emaciated; eyes very large and protruding; abdomen somewhat distended; appetite variable, at times none, and at other times insatiable; and was troubled almost constantly with palpitation of the heart. He had been treated for heart disease and for pulmonary disease, and his life was despaired of.

At this stage I was consulted and was led to sus-

pect tænia solium. Gave strict directions to have the evacuations watched; in a few days I was informed that he was passing portions of the worm. Being so feeble and emaciated, I was almost afraid to give him the large doses of turpentine recommended by Dr. Watson. Wishing to test the anthelmintic virtues of some other remedies I put him first upon the use of the *Pomegranate Root*. Made a strong decoction and had him drink it very freely for several days, followed by castor oil. No good results.

I then tried most faithfully and persistently the pumpkin seeds not giving him drachms but ounces of it and continuing the treatment for almost a week, with no better success.

Gave him, though with some misgivings, in about ten days after suspending the last treatment.

℞. Olei terebinth.,
" ricini aa. f℥ j.

M. Take at one dose in the morning fasting.

In a few hours the worm was passed and the patient made a rapid recovery and subsequently went into the army.

CASE II. A soldier—don't recollect name, company, or regiment. He was brought into Seminary Hospital. Had been treated unsuccessfully for tapeworm; as there was no question regarding the diagnosis. The patient for months before entering the Seminary Hospital, and while in the hospital, passed daily, until cured, segments of the worm.

Having fully satisfied myself of the nature of the case by a personal inspection of the stools, at the recommendation of Surgeon Jos. R. Smith, then in charge of the hospital, he was treated with enemata, containing in solution thirty or forty grains of quinine. He was not benefitted by the treatment. The following prescription was then ordered him:

℞. Olei terebinth.,
Olei ricini, aa. f℥ ij.
Spts. lavendulæ comp. f℥ ij. M.

Given in the morning at one dose, fasting.

In just about two hours after taking the dose the worm was expelled, dead. In a couple of weeks the patient was returned to duty, having rapidly gained in flesh and strength. I sent the specimen over to Surgeon J. J. Woodward, and I suppose it is now in the Army Medical Museum.

CASE III. May, 1865. David A'hern, Irishman, called on me and wanted to know if anything could be done to cure him of tapeworm. He had just arrived in this country, but a short time before, having been discharged from the British army in India, where he contracted the monster. He said he had been treated by English army surgeons, and had been in hospital in New York, but all had failed to relieve him, and he expressed himself as sceptical in reference to the power of medicines to reach his case.

He brought me some of the segments, he alleged, he was passing at every stool, and I ordered him the next day to take, fasting, the combination given last. It was at 6 a. m. when he took the draught, and at 8 a. m.—two hours after—I was summoned in haste to see him.

He was lying across the bed, his clothing saturated with sweat, and with considerable effort he pointed to a vessel under the bed. On looking, I found it nearly half filled with the worm, which was dead, and had come away entire. The Irish generally are a grateful people—at least they are very earnest in their *expressions* of gratitude, and the thanks he expressed as well as wonder, that he should have to come to Iowa to get rid of his unpleasant travelling companion, were highly complimentary, if not well merited. He soon got well.

In all these cases the turpentine caused considerable muscular relaxation—profuse diaphoresis and more or less delirium. A few hours, however, generally sufficed for them to recover from all unpleasant symptoms. I have never used the male fern, kousso, or santonine; believing that the turpentine will do the work quickly, safely and effectually. The combination given in the foregoing prescription is not nearly so nauseous as one might suppose. I believe the addition of the lavender is an advantage by way of relieving the unpleasantness of the dose and enabling the stomach the better to bear it. The first case treated said the pumpkin seeds. ground, were to him ten-fold more nauseous than the turpentine mixture, even without the lavender.

Having such uniform and prompt success in the preceding cases with the turpentine, and having failed with the pumpkin seeds, as related in the first case, I am inclined to think that f℥j of the oil of turpentine is more effectual, as an anthelmintic, than ℥x of pumpkin seeds would be. Does the experience of the readers of the REPORTER corroborate this opinion? I lay no claims, whatever, to novelty in this treatment. Dr. Fenwick, of England, in 1811 first called attention to the anthelmintic properties of turpentine. The discovery of its efficacy, as well as safety, in the treatment of tænia, when given in large doses, was made accidentally as many scientific discoveries are.

A sailor, with tapeworm, found that large fragments of the worm were passed whenever he drank large quantities of raw gin. "Thinking that a stronger spirit might have a stronger effect upon his internal enemy, he tried a *glass* of turpentine, which completely cured him."

JOSIAH F. KENNEDY, M. D.

Tipton, Iowa, Aug. 28, 1869.

Chloroform in Chill.

EDS. MED. AND SURG. REPORTER:

Mr. J——, residing in the great alluvial district of Mississippi, had suffered with chill and fever, except as relieved by the use of quinine, for years. Sometime spent in traveling during the present summer,

afforded him no relief, and he came to the Galt House, in July, with the disease unabated.

My attention was called to him in the great saloon of the hotel, as a chill was coming on. He was shaking quite severely, when I led him to one of the drinking fountains of the house, and gave him, in a little water, about two drachms of chloroform, all of which he swallowed. I then hurried him to the elevator and took him to his room in the fourth story, when he threw himself upon his bed and immediately fell asleep, without any sign of the chill remaining. After about four hours of sound and quiet sleep, he awoke without fever, and has since been quite well, without having taken quinine or other remedy.

In my practice, this is not an uncommon case; but some notoriety having been given to it, I report it thus briefly, in the hope of calling increased attention to the subject. The discovery of the power of chloroform, given internally in hypnotic doses over congestion and chill, opens a new era in therapeutics, and gives hope of important results, not only in the treatment of fever, but all diseases dependant upon congestion, and upon central and spinal irritation.

Louisville, Ky. A. P. MERRILL, M. D.

Obstinate Constipation.

EDITORS MED. AND SURG. REPORTERS:

Case —. David M., aged 23, of good constitution and habit, has obstinate constipation. When I first saw him, July 11th, he had been treated by other physicians for about three weeks; had taken largely of cholagogue and drastic purgatives, such as ol. ttglii. podophyllin, etc., without effect. I found extreme tympanitic condition of abdomen, difficulty of breathing, and suffering inteuse. I gave small anodynes to quiet irritation caused by cathartics, and immediately began injections, introducing a flexible tube as far up the colon as possible, until I succeeded in reaching up a distance of three feet, the whole length of my tube. I continued this treatment, with occasional mild laxatives for 17 days, at which time he had large evacuations through the tube introduced, and has continued to have those evacuations every day or two, in this way, up to this time, Aug. 14th. Patient has frequent desire to get up and ease himself, but he accomplishes nothing in the natural way. The colon does not seem to have power to expel its contents,—not even the enemas which are given. I have given strychnia, and all other remedies which I know of to excite action, but they all seem ineffective. I give mild laxatives to keep the contents of bowels in soluble condition; cannot discover any pelvic tumor or lumbar abscess; no symptoms of either; pulse has remained throughout at 76 to 80; has had no fever; appetite has been pretty good since evacuations have been established; does not suffer much pain, except when he takes physic, and then it is located in the umbilical region. The whole period in which patient did not have evacuations was thirty-five days, as nearly as I can ascertain. Can you advise any means by which the colon may be excited to action other than what has been employed? Will I continue the enemas, and will I continue the introduction of the flexible tube to evacuate contents of intesine? H. M. BEER, M. D.

Valparaiso, Ind., Aug. 14, 1869.

The Cramp in Parturition.

EDS. MED. AND SURG. REPORTER:

On the 11th ult. I was called to see Mrs. S., who was in labor with her sixth child. Mrs. S. is a woman of good constitution, and always did well in her confinements. In this instance, her labor commenced about 6 o'clock, p. m., progressing rather slowly until 3 o'clock, a. m., when her pains became more rapid and effectual, when suddenly she cried out, "Oh! the cramp! the cramp!" The uterine pain ceased suddenly, and she suffered intensely with cramp for a few minutes, when she gradually became easier and was quite relieved. But the next pain was accompanied with increased suffering, the bearing-down effort of the uterus was entirely interrupted. It seemed as if a few more such paroxysms of suffering might be too much for her to bear. Not having any chloroform with me, I put her under the influence of ether, which prevented the cramp to such an extent as not to interfere materially with the pains, and by 5 o'clock she was delivered of a healthy boy weighing eleven and a half pounds.

Meigs advises the forceps under such circumstances, but I think in this case, at least, anæsthesia answered better than delivery with forceps could have done.

I stayed with Mrs. S. two hours, and when I was about to start home, I was invited into an adjoining room to breakfast. But before we were through, Mrs. S. was seized with profuse flooding, which was relieved by the application of cloths rung out of cold water, and ergot, to cause a more permanent contraction of the uterus.

Tuscarawas, O. E. A. OPPELT.

Errata.

In Dr. Holston's article, p. 193, line 21, after the period add:—"The second, Miss Sarah Dollman, of Zanesville, unsuccessful."

Last week's number contained more *Butler* than was legitimate! On p. 222, second line from bottom of last column read Dr. M. S. BUTTLES.

——Miss Garreet has passed the second examination for M. D., at the University of Paris.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

HOFF—NORWOOD—On August 26th, in the First Presbyterian Church of Easton, by the Rev. W. A. Kerr, Dr. John P. Hoff and Miss Frances Alisha Norwood, both of Easton.

HUNTER—HANLY—In this city, September 7, 1869, at St. Audrew's Church, by Rev. Wilbur F. Paddock, D.D., Dr. John A. Hunter and Miss Octavia Hanly.

MILLER—STILLWELL—September 7, 1869, by Rev. T. Ralston Smith, D. D., David Miller and Laura, daughter of J. E. Stillwell, M. D., all of New York.

MOORE—GIBLER—At the residence of the bride's parents, near New Corwin, Highland county, Ohio, August 26th, by Elder John Shockey, Dr. W. S. Moore, of Taylorsville, and Indiana Gibler.

MOOREHEAD—McMURTRIE—At Huntingdon, Pa., August 18th, by the Rev. G. W. Jahnizer, Mr. James R. Moorehead and Miss Jennie, youngest daughter of the late Benj. McMurtrie, M. D.

STONE—McILVAINE—In this city, September 7th, at the Central Congregational Church, by the Rev. Edward Hawes, James Farrar Stone, M. D., and Isabel, daughter of the late C. P. McIlvaine.

DIED.

BUCHANAN—In this city, on the 6th inst., James A. Buchanan, M. D., in the 32d year of his age.

BUTLER—In Brooklyn, Sept. 7, Mrs. Helen M., wife of John Butler, and daughter of the late Bradley Parker, M. D,

KENNEDY—In this city, on the 6th inst.. Mrs. Elizabeth Kennedy, wife of the late Dr. William Kennedy, in the 47th year of her age.

MCGRATH—In this city, on the 6th instant, Dr. Charles B. McGrath, son of Thomas and Catharine McGrath, aged 23 years.

TAYLOR—In Camden, N. J., on the 5th inst., Dr. Othniel H. Taylor, aged 66 years.

Dr. Taylor long held a prominent position as a physician of intelligence and sound judgment in New Jersey. He was respected and loved by the profession of the State, and had been President of the State Medical Society. Many of his contributions are to be found in the volumes of this journal. We hope to receive an extended obituary notice of him.

WASHINGTON—September 4, 1869. in the full triumph of Christian faith, after a long, painful illness, Mrs. Catharine T. Washington, in the 80th year of her age, at the residence of her son-in-law, Dr. J. M. Mackenzie, in Delhi, Ohio.

Mrs. Washington is said to have been a connection (by marriage, we suppose) of the WASHINGTON whose memory will be green and fresh in the minds of men while time lasts.

QUERIES AND REPLIES.

DOMESTIC MEDICINE—MESSRS EDS.:—Be kind enough to inform me what book (Medical) is best suited to a non-medical paterfamilias who is beyond the limits of civilization and far from any medical aid. He writes me that he wishes a book that will contain a little of everything, from a cure for the colic to directions for attending his wife in accouchement. J. W., M. D.

——, New Jersey.

ANS.—There is a book entitled *The Home Doctor*, now being published by Treat & Co., of New York city. It is written by Dr. Beard, (G. M.) favorably known as a writer and lecturer. We have examined the advance sheets recently sent us, and have no hesitation in recommending it as what you want.

Dr. S. M. D., of Va.—"Whose history of Medicine is the best?"

ANS.—We don't know. We have examined nearly all which have been recently published and cannot say that any we have seen are suitable to the wants of the day. Renouard's has had the largest circulation in this country.

MESSRS. EDS.:—"Does a city endowment justify a school of medicine in a reduction of fees for students from other States than that in which the school is located.

——, Ark. J. B., M. D.

Your question is a purely legal one, depending on the wording of the act or resolution by which the endowment is made. If, however, you intend it as an "ethical" question, we see no objection to such action. Let it be understood that whatever we have said against *cheapening* medical education in this country, was inspired by a belief that this will *deteriorate* it. We shall hail with acclamation *gratuitous* medical education, if that education is the *best* as well as the *cheapest* in the world.

Dr. A. J. K., of Pa.—"Wheu will the *Compendium of Medical Science*, for July, reach my office?"

ANS.—Before this does, we hope. There has been an unexpected delay in putting it through the press, a delay for which we are not responsible, which it shall be our earnest endeavor to avoid in future. This must be our answer to many letters of inquiry, which it was impossible for us to reply to in detail.

Dr. J. E. L., Ind.—The price of back numbers of the REPORTER, bound, is $3 50 per vol.; unbound, $2 50. If a considerable number of volumes are taken there will be some deduction from the prices named.

WORDS OF CHEER.

Dr. M. S. C., of Miss., writes: "It is due you to say that the REPORTER is equal, if not superior, in my estimation, to any medical journal published. I would not be without it for any consideration."

Dr. J. B., of N. J.—an ex-President of the Medical Society of New Jersey—incloses $5 for a year's subscription to the REPORTER, and gives the following interesting historical reminiscences: "Old and worn out as I am, I cannot think of doing without it. It has been my companion ever since it had an existence. In May, 1847, when Dr. JOSEPH PARRISH issued a prospectus for a new medical journal entitled "*Transactions of the New Jersey Medical Society, and Quarterly Summary of Medical Science*," and offered for two dollars a year, and 150 subscribers to commence the work, I became a subscriber, and in order to secure success to the new enterprise, subscribed for more than one copy. The following October we received the first number. It was not thought by the profession of that day that the work would have grown to what it has. I have every volume bound in leather as soon as I receive them, and it is with pride that I look at my book-case, with eleven volumes of the old series and nineteen of the new, ranged on its shelves. And it is with confidence that I resort to these shelves for assistance in many cases there reported; and I very seldom fail in finding advice suitable to my cases."

METEOROLOGY.

AUG.	30,	31,	1,	2,	3,	4,	5,
Wind.....	N. W.	N. W.	N. W.	N. W.	N.	W.	S.
Weather.	Clear	Clear	Cl'dy	Clear	Clear	Clear sh'wr	Clear
Depth Rain							
Thermom....							
Minimum..	63	53	46°	43°	46°	47	55
At 8, A M.	69	63	58	59	61	61°	64°
At 12, M...	69	69	63	66	70	77	78
At 3, P. M.	71	59	64	67	71	79	79
Mean.....	68.	61.	57.75	58.75	62.	66.	69.
Barometer..	30.1	30.2	30.2	30.2	30.2	30.2	30.2
At 12, M...							

Germantown, Pa. B. J. LEEDOM.

NOV. 6.

THE

MEDICAL AND SURGICAL REPORTER.

No. 656.] PHILADELPHIA, SEPTEMBER 25, 1869. [Vol. XXI.—No. 13.

Original Department.

Communications.

STATISTICS OF INSANITY.

By F. Horner, M. D.
Of Virginia.

Virginia had, according to the late report of the Census Bureau, 1,179 insane persons. The hospitals for this class are located at Williamsburg and Staunton. Hysteria prevails among young females, and is due to their more delicate, nervous organization and to the artificial habits of society, late hours, the loss of rest and indulgence of the passions. The loss of appetite is a constant symptom. Acute mania is less common since the close of the war. Physical debility, intemperance and political excitement are primary causes of insanity in the Southern States. An old physician informs me that during a practice of thirty years he has sent to the hospital five patients—most were females, and all the cases were of hereditary origin. There was no consultation. The poor were committed to the sub-sheriff and lodged in the jail. The humane modern practitioner can rejoice over the great revolution effected by the immortal Pinel in the moral treatment of this class. He urged that "insanity is as much a disease as any other with which it pleases God to afflict mankind, and is frequently rendered incurable by unkind and rigorous treatment. The insane are entitled to our deepest commiseration, and claim our aid as well as sympathy by reminding us that their condition but represents what all may in the providence of God be called upon to endure."

The writer is cognizant of two examples where the lives of both persons—one a youth of uncommon intelligence, possessed of fortune and holding the most respectable social position, were sacrificed, because the medical adviser failed to have them subjected to the restraints of the hospital. In country practice the profession are slow to detect facts of the kind, and equally so to act judiciously upon the conviction.

The maladies of the brain have their origin in appreciable causes. Dr. Pliny Earle affirms, "Insanity is not a disease of the mind, but is the effect of a diseased action of the brain, the organ through which the operations of the mind are manifested." After an acute illness of fever, or a severe injury, the brain and meninges are liable to irritation, inducing often the development of latent symptoms of serious disease in one of the vital organs.

It is a well established fact that seventy, if not eighty per cent. of cases of insanity, admit of easy and speedy cure, if treated in the early stage, provided there be no strong constitutional predisposition to cerebral affections. Unfortunately the golden opportunity is too often neglected. With reference to the age at which insanity is most apt to occur, Dr. Winslow states, "In four American hospitals 33.73 per cent. were between twenty and thirty, and at this period the disposition to mental disease in the United States is stronger—a fact ascribed to the earlier age at which young men enter the world and engage in business and politics. Relapses are not unfrequent; 'out of 2,804 cases, as stated by Esquirol, there were 292 relapses, or about one-tenth. The number may, perhaps, vary from one-fifth to one-tenth, according to the completeness of the cure and the subsequent position of the patient in relation to the causes of the disease.'"

In the treatment, occupation of the mind and body constitute an important element,

with exercise in the open air. Kind, gentle, and affectionate measures have disarmed insanity of its repulsive and ferocious characteristics, and contributed to clothe the unfortunate in his right mind. Where the food of the patient is defective in quantity or quality, or is badly cooked, he suffers greatly from dyspepsia or neuralgia. Surgeon Woodward, U. S. A., in his excellent Manual for the Hospital Steward, has suggested a most admirable diet table. The modern mode of heating public hospitals by furnaces and heaters may be useful for protection, but the open fire-place or stove is preferable.

In the majority of cases, medicines cannot be dispensed with. The excitement of the brain, which induces the most painful insomnia, demands the continued use of anodynes. Hyosciamus, bromide of potassium, and morphia, furnish the best formulæ. Purging has always been a favorite remedy with some practitioners. Frequent bathing also, and absolute rest, especially after exercise and eating, may be employed. It were criminal to argue that this class of unfortunates should be denied the consolations of religion. They have reason to rejoice over the action of the Superintendents for the Insane at their late meeting in Staunton, when a resolution was carried approving the continuance of the religious exercises of the chapel on the Sabbath. Since the advent of the Saviour on earth, the cure of the insane has been deemed possible, and we should endeavor, says Prof. Geo. B. Wood, to control symptoms, "through the senses, the intelligence, the memory, and the affections, to touch those delicate cords which vibrate thought and emotion, and so touch them that they shall again produce their wonted harmony."

COMPOUND FRACTURE OF THE FEMUR, WITH DISLOCATION OF THE PATELLA.

By A. J. Irwin, M. D.,

Of Fort Wayne, Indiana.

About sunset on the 31st day of October, 1868, John Wycoff, Esq., aged 40 years, while assisting at the raising of a grain-house, was struck by a falling timber.

The frame had been raised in sections, each of which consisted of three posts and a plate. (Posts 6x6 inch., +10 feet; plate 6x8 inch., +16 feet.) The last section was forced up rapidly, and fell inwardly, while Mr. W. was in the act of crossing a sill directly under one of its outer-posts. The stroke was received one inch below the great "trochanter," and swept down the lateral posterior surface of the thigh, within three inches of its outer condyle, while the lateral anterior surface of the inner condyle was fixed upon the margin of the sill.

I visited the patient about three hours after the accident; he was much depressed. Gave stimulants and morphia. Diagnosed the following unusual form of fracture: Four inches above the knee a double oblique fracture of shaft, with division of the condyles, and dislocation of the petalla upon its edge between them, in which position the latter was so deeply impacted as to be quite obscured.

As motion produced insufferable pain, I adjusted the limb as comfortably as possible, prescribed opiates, and cold water dressing. Rested well.

Nov. 1*st.* Anæsthetized the patient, proceeded to elevate patella, which was difficult to accomplish as anticipated. Having made extension to release the fragments from the soft parts, I raised the leg about twenty degrees above the plane of the thigh, in which position it was held by an assistant, thoroughly relaxing the quadriceps. The wedge-like extremity of the superior section was then pressed up between the condyles, at the same time the inner condyle was depressed and lateral motion made on the patella, which completed its reduction.

The partially dislocated condyles were adjusted; the limb was bandaged while well extended, and immediately placed upon a "double inclined plain splint," from the superior plane of which a crescent had been excised. This aparatus was made especially necessary by the necessity of local treatment to the contused lateral posterior surface of the thigh. Short splints were applied to prevent separation of the condyles.

A weight was suspended to the limb to assist in preserving extension. Cold water dressings, and opiates prescribed.

November 2.—Fever. Parts much swollen. Knee leeched. Cold water applications continued. Dover powder prescribed.

November 3.—Fever abating. More leeches to knee. Treatment continued.

November 4.—Less fever. Slough forming over the contused surface, 12 x 6 inches.

November 5.—Free of fever. Swelling abating. Prescribed carbolic acid in linseed oil, one drachm to eight ounces, to be applied to

sloughing surface. Sulphate of quinine ℈j, aromatic sulphuric acid f℥ss. in f℥viij. of brandy. A teaspoonful to be taken every hour. Opiates at night to procure rest, and allay spasms of limb. This treatment was continued until

November 10.—Slough detaching to the depth of the integument only, exposing partially occluded puncture made by point of external condyle. Condition improved. Same treatment continued, omitting the brandy.

November 20.—Slough entirely separated. Denuded surface doing well. Dressing continued in half the former strength. No other treatment. Extension preserved with great difficulty, the patient being of an irritable temperament, frequently persuading his wife to interrupt the tension, notwithstanding positive orders to the contrary.

November 26. Was unduly anxious concerning farm matters. Had fever. Demanded his wife to loose his limb from the splint, which she did. Changed position frequently, resulting in the rupture of the adhesions, and displacement at the point of fracture in the shaft, the condyles being firmly united. Found the thigh shortened two inches. Inferior fragment riding superior. Leg inverted, swollen and painful. Patient almost exhausted. Re-adjusted the limb. Secured it firmly. Renewed cold water dressings. Prescribed Dover powder.

December 1. Swelling, and pain abated.

December 10.—Health improved, denuded surface mostly healed, bones united.

December 15.—Union strong, splints removed, pillow placed under the knee, a lighter weight suspended to the foot.

December 20.—Patient was taken home, a distance of five miles, after which, I did not visit him.

He was obliged to remain in bed mostly for two months later, on account of hyperæmia and pain of foot and ankle when depended.

April 1.—Mr. W. called at my office. I examined the thigh, found it one and a fourth inches shortened, otherwise in good shape. Patella adhering somewhat to the condyles, leg could be flexed about forty degrees, use of the joint improving. Shortly afterwards he moved westward.

The bad condition of the patient in consequence of intemperate habits, the frequent interruption of extension, and finally the displacement, doubtless delayed recuperation, and assisted in shortening the limb. His atonic habit accounted for the early subsidence of acute inflammation, and continuance of an asthenic febricula, and malaise. The synovitis abated without disorganizing the knee. The adhesions resulting were principally between the patella and condyles, anchylosis of which was prevented by passive motion of the patella motion of the joint was necessarily delayed until the bones were united.

Leeches and cold water were exclusively the topical treatment of the synovitis.

I have been informed recently that he has fair use of the knee.

HOSPITAL GLEANINGS.

By James B. Burnet, M. D.,
Of Newark, N. J.

NO. VI.

CASE OF ABSCESS OF THE BRAIN.

Jane McCann, aged 18 years, was admitted to Bellevue Hospital on July 26th, in a general condition of prostration, with cloudiness of intellect and slight delirium. Patient was menstruating. Pulse regular and strong. She was taken on the 23d with pain in her left ear, followed by a purulent discharge. The symptoms being entirely cerebral, a blister was applied to the nape of the neck.

July 27th.—Passed a restless night. Had a slight convulsion to-day. Muscles of the back of the neck strongly contracted and rigid. Discharge from the ear is yellow and purulent, but inconsiderable in quantity.

July 28th.—Restless all night. At 1 p. m. pulse 120. Skin dry and hot. Ordered Potassii Iodidi, gr. xi, every second hour. No intelligible answers to questions. Opisthotonos continued. There is some difficulty in swallowing. Bowels regular.

July 29th.—Pupils contracted. Pulse 94.

July 30th.—Skin cool. Pulse 94. Opisthotonos continued.

July 31st.—Opisthotonos not so marked, but still evident. Left pupil dilated; does not contract under light. One of the house physicians gave it as his opinion to-day that an abscess existed in the brain. No diagnosis had been made in the case before. She died at 9 p. m.

Autopsy 16½ hours after death.

A small collection of pus was found outside of the dura mater, near the apex of the petrous portion of the left temporal bone. An extensive abscess was found in the brain, occupying the middle and posterior lobes of the

left cerebral hemisphere. The inferior surface of the cerebrum was of a soft greenish hue. Softening and discoloration of the brain-matter around the abscess existed. It penetrated to the centre of the brain. Sub-arachnoid deposit of pus on the cerebellum. Pia mater strongly congested. Spinal cord exposed through the cervical and dorsal vertebræ. There was some extravasated blood outside the dura mater, but no inflamation of the meninges of the cord.

CASE OF SOFTENING OF THE BRAIN.

John Powers, aged 25, was admitted to Bellevue Hospital during the month of August. Seven years ago he fell, and sustained severe concussion of the brain, from which he was insensible for several hours. He gradually recovered from this, and at the end of a month was perfectly well. People who knew him well, however, thought they observed some mental peculiarities about him afterwards. A year since he began to have some symptoms of cerebral trouble; he felt weak, nervous, and irritable. About six months ago he struck his head again, injuring himself near the posterior fontanelle. His head became swollen and very painful. Soon after this he noticed a want of co-ordination in the movements of the right leg, frequently stubbing his toe, etc. About a week after he first noticed the paralysis, he had an attack of headache and vomiting, which lasted three days. On recovery he noticed an increase in the paralysis. Soon after his paralysis became very marked, and was accompanied with convulsive movements, which gradually extended upward to the head. This was followed by perfect convulsions and insensibility, his attacks resembling epilepsy. The paralysis when it invaded him having the striking peculiarity of always commencing at the feet, and gradually extending over the body. At this time (July 21st) he is pleasant and agreeable, but his mental operations are slow, and his right leg drags in walking. After using his brain in any way, he feels exhausted. The right leg is diminished in size. His general health is good. He has abnormal sensations in his right foot, and it jerks about involuntarily. There is tenderness on pressure upon the left side of the head, just behind the coronal suture. No disease of the spine can be detected.

Editorial Department.

Periscope.

Primary Venereal Sores—Constitutional Syphilis—Healthy Lactation.

Mr. MORGAN of the Lock Hospital has the following interesting case in the *Medical Press and Circular*:

K. B., aged twenty-six (ward No. 2, bed 7,) admitted May 5, 1868. Four years unvirtuous; presented hardened tender inguinal glands on both sides to such an extent that she was greatly inconvenienced in walking, though not so as to cause lameness. There was no other sign of syphilis, no sore of the genitals, no abrasion, and but little vaginal discharge. She had given birth to a child three months previously; the child was perfectly healthy, and she continued to suckle it till her admission into the hospital. The glands had been swollen and tender for two weeks previous to application. These being the only signs, I made a speculum examination, which showed a well marked small sore on the uterus about a quarter of an inch from the os externum; and another sore of the same character on the vaginal wall about two-thirds the distance within. Both these sores were clean looking and small, nearly the size of a threepenny piece, not smeared with pus or bleeding easily, and completely insensible. I practised auto-inoculation from each sore, on each thigh, and cauterized the sores with nitrate of silver, not with a view of their destruction, but of vigorous stimulation. The inoculations failed completely. In another week I repeated the inoculations with the same negative result; and again in a week, when the sores were inclined to heal, but without success.

I did not give mercury in any form, but by local applications, injections, and tonic treatment succeeded in healing the sores and improving the general health. The swelling of the inguinal glands abated by fomentations and pressure; the patient was discharged, cured, June 6th, 1868. A drawing was taken of the sores as first seen, which shows admirably their condition and appearance.

On the 31st of July, 1868, this woman again presented herself for admission. She states that she had not led a dissolute life since, and that she was not in needy circumstances. She is now a capital illustration of syphilitic poisoning; with the skin pallid and murky looking, alopecia well marked, en-

largement of the cervical glands, small ulcer of the right tonsil, pains in the right shoulder-joints, and covered with a copious crop of papulo-squamous eruption, well marked on the palms of the hands and soles of the feet, and over the body generally. She had in her arms her child, the most perfect specimen of a boy in complete health and splendid condition that could possibly be seen; she states positively that she still partially suckles him, and the breasts no doubt still secrete.

On admission, the child was put on spoon diet, and not allowed to suckle. The patient was treated by the calomel vapor bath, which she got three times a week for three weeks, fifteen grains of calomel being used for each bath, and the bath continued for twenty minutes. The bath was then ordered but twice a week for six weeks longer; ten grains of saccharated carbonate of iron were administered three times a day, and generous diet given. On the 12th of October, 1868, the patient was allowed to leave the hospital, the eruption, which was exceedingly obstinate to treatment, having all but disappeared.

The calomel bath in this case acted most beneficially. In three weeks there was a slight fœtor of the breath discernible, and some salivation. With regard to the child, there is no doubt but that on her first admission to the hospital it was nourished *altogether* by the mother, though she was suffering at the time from two primary sores, and there is but little doubt that it was partially nourished, at all events, by the mother, while the subject of intense constitutional taint; yet the child was in splendid condition, without a sign of anything syphilitic, showing that, though the mother was herself the subject of primary syphilis, with consequent glandular excitement, yet that the lacteal secretion not only was harmless, but was capable of giving abundant nutrition; and again, that, though afterwards she was suffering from syphilitic fever, and the full excitement caused by the development of well marked constitutional symptoms, that even then there was no unhealthy taint communicated to the child. With regard to the latter circumstance, no doubt the child was but partially supplied by the mother, and its chief food was artificial.

The Normal Temperature in Children.

Dr. Finlayson contributes to the *Glasgow Medical Journal* an article on the fluctuations of the bodily temperature in children, based on an extensive series of observations. The following is a summary of the results he has reached:

1. *The daily range of temperature is greater in the healthy child than that recorded in healthy adults:* my observations give a mean range of between two degrees and three degrees F.; and those of Davy Gierse, Frohlich, and Lichtenfels, on themselves, give a range of about 1 degree F. only.* This great range in the course of the day must be borne in mind while stating average normal temperatures of children, and may account for the conflicting statements on this subject.

2. *There is invariably a fall of temperature in the evening,* amounting to one two or three degrees. I appeal with confidence to the cases of M. G., æt. 5¼ years, and E. C., æt. 10½ years, as proof of this statement. Both children were in excellent health at the time of the observations, which were all made by myself. The average fall in the former case was 2°.12 F.; in the latter 2°.13 F. The evening fall may take place before sleep† begins.

3. *The most striking fall usually occurs between 7 and 9 p. m.*, although it often begins about 5. p. m., and frequently continues on till after midnight.

4. *The minimum temperature seems usually to be reached at or before 2 a. m.*

5. *The temperature usually begins to rise between 2 and 4 a. m.*, while the child is still sleeping soundly, and before food has been taken.

6. *Fluctuations between 9 a. m., and 5 p. m., are usually trifling,* so far as my experience extends. It is to be remembered, however, that the children observed were in a ward of pretty equable temperature and not liable to any violent exertion.

7. *There seems to be no very definite, or at least, obvious relationship between the frequency of the pulse and respirations, and the amount of normal temperature.* The number of respirations seems, in the child, to be subject to many unimportant variations. I regret the absence of the pulse from some of the tables, but this was unavoidable in many of the cases; it also is very easily disturbed in children.

In conclusion, although I am not prepared to announce any practical application of the foregoing facts, I cannot but regard them as important and interesting to all—and they are an increasing number—who use the thermometer in the investigation of infantile diseases.

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*I append the general result of Davy's observations, also one day's variations given as typical.

Observations of Dr. John Davy, F. R. S., age 55 on himself. Temperatures under tongue. "Physiol. Researches." Lond., 1863. Pp. 14 and 44. The results are averages from observations taken at the hours given, during the period August to April.

	Temp. Fahr.	Pulse.	Resp.	Temp. of Room.	Remarks.
7 to 8 a. m.	98°.74	57.6	15.6	50°.9	Dinner at 5 p. m.
3 to 4 p. m.	98.°52	55.2	15.4	54°.7	
12 p. m.	9?°.92	54.7	15.2	62°	

†Of 31 *newly-born* children, Dr. Rogers found 14 sleeping, whose average temperature was 37°.26 C.; 17 were awake but calm, their temperature averaged 36°.91 C. (Arch. Gen. loc. cit., page 293.) "Baernsprung est arrive a la conclusion que le sommeil ne change pas la temperature. Nouv. Dict. de Med., Paris, 1867; vol. vi., page 760.

It is well known, for example, that high evening temperatures are the rule, in cases of tubercular and enteric fever—often most difficult cases to make out in the young subject. A persistent *evening rise* of only one or two degrees comes to be very significant of mischief, if, in health, there ought really to be an *evening fall* to that extent. Many cases of tubercular disease in children, have been alluded to by writers,* and some have come under my own notice, in which the evening temperature could only be regarded as "normal." It remains to be seen whether an altered view of the word "normal" may not here come to our assistance; but the question of pathological temperature is beyond the scope of the present paper.

Influence of Education.

Dr. BRAKENRIDGE, in an article in the *Times and Gazette*, supports the following thesis:

The wider the range of the education, the more vigorous will be the health, and the greater the range of circumstances over which it may be preserved.

Were the constitution limited to one constant unvarying set of influences, health would be incompatible with the slightest deviation from this. The provisions of nature secure a considerable variety in this respect. In the rotation of the seasons we have a constant succession of changes which check the tendency of the body to fall into a too narrow series of habitual activities. The width of education thus afforded renders it possible to move with comfort and safety to considerably distant localities at seasons when their climate approaches in character to one or other of the seasons in the native climate. Thus we may indulge in a change to colder places during their summer if it is not colder than our winter, and to warmer places during their winter if it is not warmer than our summer. It is evident that the extent of this capacity for change must be regulated by the range of conditions to which the body has been accustomed, being greater or less according to the variability or equability of the developing climate. The development brought about by any one locality must, however, be, at the best, very limited compared with man's capacity. Doubtless the craving for change which man feels with regard to many things is not without its physiological importance.

Such deep-seated yearnings as the love of travel, and the great inventions to which, for its satisfaction, it stimulates him, hint that this local development, even where the balance of functional power is best preserved, by no means represents the highest state which he is capable of attaining. He possesses, in a rudimentary condition it may be, but none the less truly, powers which, where they all fully educated, might render him cosmopolitan. Greatly increased rapidity of locomotion is already doing much to extend the range of his physiological education, and, in addition, the blending of different races which is thus favoured, and the consequent intermarriages of those possessing constitutions widely different, will hasten the higher development of the whole race. For when we have the organs which in the one parent are highly trained, uneducated in the other, and *vice versa*, it is reasonable to suppose that the positive and not the negative, properties of each parent will have the greater tendency to be transmitted to the offspring; hence it will possess somewhat of the special powers and capacities of both. Thus the offspring of aboriginal and European parents in Hindustan is said to "inherit from the native parent a certain adaptation to the climate, and from the European a higher development of brain" (Combe's Constitution of Man," p. 194). Many examples might be adduced to show that mixed races of men surpass in vigor and in the tendency to multiply the parent races from which they have sprung. It must to a considerable extent be regarded as the explanation of the high vigour of the Anglo-Saxon race that in it there are blended together so many constitutions, originally very differently educated, and consequently possessing widely different powers.

Uterine Rheumatism.

Several cases of this are reported by Dr. CURRAN in the *Press and Circular*, of which we extract one:

CASE 1.—On the 20th of January, 1867, I was requested to visit a married woman, the mother of four children, about thirty-seven years of age. She had been exposed to cold and wet, and had experienced a severe rigor on the morning of my first visit. Her chief complaint was of intense and continued pain above the pubis. The bowels were freely relieved by a domestic aperient. There was no vomiting. The urine was sufficient in quantity, but in character highly colored and cloudy. She had menstruated naturally a fortnight previously, and the history of her life, physically, was that she had never required medical attendance except during the parturient state. Upon examining the region corresponding to the seat of pain, I discovered no superficial tenderness, no abnormal condition of the part, but upon employing firm pressure with the ends of the fingers, she cried out against the punishment inflicted. I was in this way enabled to encircle, so to speak, the uterus and determine that the mischief existed there and was confined to that organ. However, although the tongue was coated with a creamy fur, and the pulse was quick, and the surface of the body dry and hot, I considered the symptoms would yield to an active saline, and that the pain would be relieved by the local application of a liniment consisting of aconite, belladonna and chloro-

*See Dr. Ringer on Phthisis. Lond., Pp. 29-30, 81. Dr Hillier on Diseases of Children—1868, Page 115.

form, applied to the affected region on lint, and covered, in order to prevent evaporation, with gutta percha membrane. On the day following, I found little alteration in the general symptoms. She expressed receiving temporary relief from the liniment, but was in truth unable to turn in bed, or move the body, from the severity of the pain which movement produced. I made then a still more minute and careful examination, the result of which was, that I arrived at the conclusion, that the case before me was one of acute inflammation of the uterus. The pressing and distressing nature of the symptoms justified the opinion. Upon this, I applied leeches, and prescribed calomel and opium in pill, and a diaphoretic mixture. At my evening visit, I further directed that extract of belladonna, diluted with glycerine, should be smeared over the part; this covered by silk paper, and a bran poultice to be applied external to all. The subsequent day the inflammatory fever still ran high and unsubdued, but the uterine pain was less acute, and the left shoulder joint became implicated; towards evening, the nature of the case had thoroughly revealed itself, other joints were affected, and a case of acute rheumatism lay unmasked before me. From the moment the *materies morbi* of the rheumatism dispersed itself over the system, the uterine pain lessened. The case ran an ordinary course under, an alkaline treatment, the heart escaped, and the woman fully recovered, and is now well in health, and has been free from any subsequent return of the rheumatism.

Free Hydrochloric Acid in Gastric Juice.

The *Medical Press and Circular* says:

Professor Horsford, of America, has endeavoured to solve this important question. The long-disputed position of Prout, that the gastric juice contains free hydrochloric acid, was established by C. Schmidt, who, in an absolute quantitative analysis of the juice, found twice as much hydrochloric acid as was required to neutralize all the bases present. Then comes the question, how could free hydrochloric acid be secreted from the blood, which is an alkaline fluid?

The mucous membrane of the stomach presents, on its inner surface, the mouths of numerous microscopic tubes, which are blind sacs. These tubes as a whole dip into the spongy tissue that underlies the mucous coat, where they are surrounded by the fluid pouring from the net-work of nutritive capillaries, which fluid, as remarked above, contains acid phosphates and chlorides. Now, by pressure and osmosis a portion of this fluid will pass through the walls of the gastric tubes, and the question is, whether the fluid that goes through will contain free acid. The experiment that Professor Horsford performed seemed conclusive. He employed an acid phosphate of lime of specific gravity 1·117 of a constitution of 3 (Ca OPO_5) x $2PO_5$ with an amount of phosphate of peroxide of iron, present as 1 to 28 of the acid phosphate of lime. The various other solutions employed were the ordinary reagents.

The author used parchment paper to represent the walls of the capillary sacs, also goldbeaters' skin. The parchment paper was made from Swedish filtering paper. In all these experiments the author obtained the same kind of evidence of increased acidity on one side, and increased alkalinity on the other. The same effect took place from a mixture of acid phosphate of soda and chloride of calcium. It follows from the above that if these experiments fairly represent the case, and from the known composition of the blood, its condition in the walls of the stomach, and the structure of the gastric tubules, that free or undecomposed hydrochloric acid must find its way to the bottom of the gastric tubules, and thence into the cavity of the stomach.

Professor Horsford says that he has shown that the acid phosphate pressed from the corpuscles more than neutralizes the alkalinity of the plasma present. In reply it may be said, that the author presents a condition of things in which there is not the kind of physical change required going on, namely, relative augmentation of the corpuscles under pressure, the concomitant of increased supply of blood to the gastric mucous membrane. Its degree must be inferred from the effects on the secretions which he has endeavoured in his paper to point out by conducting an experiment, under what he conceives to be essentially like conditions, and obtaining the results due to identical conditions. The secretion of hydrochloric acid is, of course, mixed with acid phosphate and alkaline chlorides. These results had been predicted from Graham's researches on dialysis. Phosphate of lime and soda are colloidal, relatively to more crystalloidal hydrochloric acid. Graham found that bisulphate of potassa by dialysis was resolved into two salts or mixtures of greater or lesser acidity than the original bisulphate. So he found that acetate of peroxide of iron was resolved by dialysis into hydrated peroxide of iron and free acetic acid. It is possible and probable that the albuminoid bodies present take part in determining the contrast between colloid and crystalloid bodies. Graham found that by dialysis he could separate free hydrochloric acid from the gastric juice thrown up in vomiting.

Public Medicine.

At the last meeting of the British Medical Association, Dr. Farr remarked that public medicine was now on its trial; as it became appreciated it would open a great career to young physicians; but the public health was so wide a field and so difficult to cultivate that it required the aid of all classes. They wanted help, and they asked for it from the chemist, the engineer, the naturalist, from the highest statesman and the humblest town councillor.

The primary aim of public medicine was to prevent disease, but it also surrounded the sick with the conditions most favorable to recovery, and diminished the death-toll of the people. It prolonged earthly existence and carried numbers of souls through childhood, youth and manhood to a ripe old age. Health gave rich and poor the full use of their faculties; it lessened sorrow, and gave fortitude in the vicissitudes of life. These were great objects, and their attainment was difficult, but not impossible, and to accomplish them was to bestow on mankind riches more precious than gold. The mean lifetime in the healthiest parts of England was fifty years, but in whole towns and in entire classes it would often be found to be only twenty-five or thirty years; in the United Kingdom it did not exceed forty-one years. It was found undeniably that a high rate of mortality was reduced by elementary sanitary measures. Pure air and pure water were indispensable conditions of existence. These withheld, the people would perish.

Congenital Cataract.

J. F. Miner, M. D., in a clinical lecture reported in the *Buffalo Medical and Surgical Journal* says:

The young lad which we present before you this morning has cataract in both eyes, which was observed to be present a few months after birth. Such disease when present at, or appearing soon after birth, is called congenital cataract—is called so if it appears at a later period, even after the age of puberty. Whether existing in infancy or afterward, the appearances are the same, and are quite different from those cataracts which appear in elderly people; the grayish or blush-white appearance of the opacity is quite characteristic. Sometimes the opacity occupies only the central portion of the lens, but it almost always extends until the whole is opaque. You will observe the constant rolling of the eyes—oscillation as it is called; this is commonly present where blindness has existed from birth, the patient never having learned to control the motions of the the eyes, from having been unable to fix them upon objects.

Hereditary predisposition is said to be the frequent cause of congenital cataract; certain it is, that the disease does sometimes affect several members of the same family. Beyond this I am unable to give you any cause for its appearance, at birth; when it appears later, more obvious causes might be in operation. The prognosis is generally very favorable, and though the case before you has been operated upon, as I understand twice, thus far unsuccessfully, still I have little doubt it can be removed. Thus far it appears the opaque lens has resisted the solvent or absorbent action of the aqueous humor; but it is highly probable that if the capsule is thoroughly divided, and the lens broken up, that the opacity will disappear. It is true it may resist a first and second operation, but we will give the lens a complete division, freely rupturing the capsule, and it must eventually conform to the almost universal rule.*

Congenital cataract comes under the general head of soft cataract, and therefore may be removed without extraction. It is so soft that when the capsule is ruptured freely, nothing further need be attempted; it will be removed by the natural absorbent action of the aqueous humor, which is now freely admitted to the lens. I have previously described to you this operation and I have no occasion to repeat. The pupil should be dilated. The patient, usually a child, should be anæsthetized so as to ensure greater immobility, and the globe may be controlled by seizing the conjunctiva with fine forceps. I have introduced the needle, as you observe, through the sclerotic, about a line from the border of the cornea, and thus am able to divide capsule and lens most thoroughly, as I am determined to give it a fair chance to be removed; but the needle may also in the operation for congenital cataract, be introduced through the cornea, and the same object attained by slight modification of the procedure. The time requisite for absorption varies in different cases, depending upon the freedom of the division of lens and capsule, softness of the lens and vigor of the patient. A few weeks are generally quite sufficient in congenital cataract for complete absorption; the lens in such cases is softer than in cataract in advanced life except when these latter have resulted from injury.

The Influence of Snake Poison.

Dr. J. Fayrer, Professor of Surgery in the Medical College of Bengal, has published the results of certain experiments made to ascertain the effects of snake poison on large animals. The horses experimented on had been condemned to be destroyed, for a disease which, though incapacitating them for work, was not a disease which would reduce the strength of the animals to such an extent as to deprive the experiments of their value. The animals were a stud-bred mare, about 14.3 high, and aged twenty-seven years, suffering from partial paraplegia, and an Australian horse, 15.1, nine years old, a powerful animal, and in good condition, though also paraplegic. The mare succumbed in an hour and twenty minutes from the effects of the bite of a large cobra; while the stronger and younger horse survived the bite of a powerful, fresh, and full-grown daboia nearly twelve hours.

The difference in the effects of the poison of the daboia and cobra in these two cases is very remarkable, not only as to the duration of life in the animals bitten, but also in the pathological conditions before

* Two months after operation patient returns with perfect result in the eye twice before operated upon, and the lens nearly absorbed in the other eye. Amount of vision not accurately tested for want of opportunity. Oscillation still present, which must greatly interfere with near vision.

and after death. The mare bitten by the cobra was rapidly affected—staggered, became exhausted, and died in less than an hour and a half. The horse, bitten by the daboia, on the other hand, was affected very slowly, and seemed to doze his life away until just at the last, when a few unconscious plunges terminated his existence. It is to be noted, however, that the cobra bit more vigorously, forced his fangs deeper, and had to deal with a more feeble animal than the daboia, who bit a more powerful and healthy horse, and did not insert his teeth with such vigor as the cobra. The snakes were both fresh and full-grown, and their terrible power was strikingly illustrated by the death of these horses.

Resection of Shoulder-Joint.

The Baltimore *Medical Bulletin* contains, in a recent issue, the subjoined case of general interest:

Professor WARREN presented Mrs. M. to his class, a patient upon whom he had previously operated in its presence, for the purpose of showing the results of the operation. He gave the following account of the case: About one year before Mrs. M. presented herself to him; she had fallen upon her shoulder and dislocated the Humerus. No reduction had been effected; the limb remained fixed and useless; and patient had suffered the most excruciating pain continually. She could not feed herself with the right hand, or use it for any purpose, and she was reduced to a mere skeleton, from the violence and persistence of her sufferings. She desired to be relieved, and was willing to submit to any operation. Upon examination a dislocation forwards was discovered, the head of the humerus resting beneath the coracoid process, and pressing against the brachial plexus of nerves, some of the trunks of which seemed to have been dragged forward by the bone. Although she was fifty years of age and much debilitated, yet in view of affording some relief to the continued *torture* of the poor creature, Professor Warren determined to place her under the influence of chloroform, and, if an effort at reduction failed, to to remove the head of the bone at once.

The anæsthetic having been administered and all attempts at reduction having failed, the excision of the head of the bone was successfully effected, in the presence of the class.

It was well that the V shaped incision of Sabatier as modified by Gayraud, was made in the premises, for without the thorough exposure of the parts and the ample room which it insured, the operation would have proved a failure in consequence of the firmness with which the head of the bone was held in its abnormal position by the lymph which had organized around it, and also because of the *immediate* proximity to it of the Axiliary artery. As it was, the removal of the head of the bone from its adventitous socket was veritably a work of excavation, and the avoidance of the artery, to say nothing of the nervous filaments, a matter of the nicest and most careful dissection that can be imagined. The humerus was divided through its surgical neck, its head removed, and the excised shaft carried back to the glenoid cavity. The wound healed rapidly and well; and after the lapse of some months the patient presented herself at the office of the Professor so much altered in appearance that she was not recognized. The attention of the class was called to the general improvement of the patient—to her face showing no traces of the acute suffering which had once been depicted in it—to her rotundity of figure wherein not a remnant of the former emaciation remained—and to the general healthfulness and happiness of her whole appearance. An examination of the arm showed that the humerus was well up towards the glenoid cavity, and that though the action of the deltoid was in a great measure lost, by the combined action of some of its fibres and the biceps, its long tendon having been saved in the operation, the arm could be elevated to her head, and that considerable latitude of motion had been restored. She stated that she was able to sew and to feed herself with the right hand; and that she regarded the improvement as very great.

Resection of the shoulder joint has frequently been performed for necrosis of the humerus, and more especially for gun-shot injuries of the osseous structures entering into its composition, but the Professor was not cognizant of another instance in which such an excision had been resorted to for the relief of a dislocation or rather for the removal of the effects of a dislocation. The earnest appeals of the sufferer for assistance—the necessity for such interferance—and the impossibility of resorting to other measures prompted him to try this one; while the success of the operation fully vindicated the propriety of its performance.

A few practical points should be remembered in this connection, to which the attention of the class was specially directed.

1. Endeavor to preserve the functions of the deltoid muscle as much as possible; and if this cannot be done, take especial care to remove the long head of the biceps from its grove and to preserve it intact.

2. Encroach upon the shaft of the bone as little as the circumstances of the case will allow. Though favorable results have followed the removal of several inches of the shaft, yet as a general rule the subsequent utility of the arm bears an inverse proportion to the length of the shaft removed, because of the necessary interference thereby with the muscles which control the movements of the limb.

3. Avoid wounding the circumflex arteries in the operation. In order to do this do not carry your incisions too far down, but limit them to the tissue corresponding with the head of the bone.

4. In healing up the wound see that the pus does not burrow, as it is very likely to do, unless proper precaution be taken to prevent its excessive develop-

ment, and to insure its escape. Cold water, carbolic acid, etc., will accomplish the one indication, and careful dressing the other.

Nature and Treatment of Lupus Eythematosus.

In the *Archiv fur Dermatologie* Dr. MORIZ KOHN has an essay on this disease, an abstract of which we take from the London *Lancet:*

This affection, which occurs in the healthy and strong, as well as in the strumous, of both sexes, consists of nearly circular spots, of variable size, the centre of which is covered by a thin, dark, yellowish-brown crust, or by cicatricial-like skin, whilst the margin presents a narrow, slightly elevated, bright-red line, beset with yellowish or smutty-brown scales and crusts, or is punctated, and sharply differentiated from the adjoining healthy skin. This form of lupus is undoubtedly developed in the substance of the corium, and occurs upon the cheeks, or upon the bridge of the nose, and occasionally on other parts of the skin of the head, on the palms and palmar surface of the fingers, and on the trunk and arms. It is sometimes accompanied by a remarkable hypertrophy of the sebaceous follicles, with increased discharge of thin secretion, constituting the condition known as seborrhœa congestiva. In regard to the treatment of this affection, KOHN considers that internal remedies, as the preparations of iron, arsenic, iodine, and cod-liver oil, are quite subordinate to appropriate and carefully-applied local remedies. Amongst these the following have proved themselves to be in individual cases a certain and positive means of cure:—1. The spiritus saponatus kalinus of Von HEBRA, which is composed of soft soap held in solution in rectified spirits of wine, with the addition of a little spirit of lavender, and is to be diligently brushed over the affected part. The scabs separate, blood-drops and serum are exuded, dry up to a crust, and on falling off leave a more or less healthy surface. 2. Liquor potassæ, in the proportion of one drachm of potash to two drachms of distilled water. 3. Liquor ammoniæ. 4. Carbolic, acetic, hydrochloric, chromic, nitric and sulphuric acids; the acetic being perhaps the best. 5. Iodine, especially in the form of tincture, and combined with iodide of potassium and glycerine. 6. Nitrate of silver. 7. Arsenic paste, in the proportion of five grains to two drachms of simple ointment, and fifteen grains of cinnabar. 8. Chloride of zinc, which he has found to be the most efficacious of all the emplastrum mercuriali.

Prussic Acid.

We learn from the *Journal des Connaissances Medicales* that, at the last sitting of the French Academy of Medicine, Dr. SCOUTTETENN communicated the substance of an essay which created quite a sensation. It was a posthumous disquisition on hydrocyanic acid, found among the papers of the late celebrated Professor Schonbein, of Baden. The question discussed was, whether there was a test for the above-mentioned liquid besides those of M. Liebig and M. Buignet, which, within certain limits, may reveal the presence of prussic acid, but are insufficient to fix its quantity and detect a crime with certainty. Professor Schonbein then proceeds to describe a reagent discovered by himself, and delicate enough to bring out to view even the millionth part of a drop, whether diluted with water, or vaporized in the air; a circumstance affording new proof of the incalculable divisibility of matter. Dr. Scouttetenn, who lives at Metz, announced, in his communication, that he had repeated the late Professor Schonbein's experiments, with the aid of two chemists, MM. Guebin and Pont, and that he begged to submit some of the test-paper prepared by himself to the Academy for further trial. The specimen forwarded was of the kind called filtering paper, and had been soaked in a solution of three gms. of guaiacum resin in 100 gms. of alcohol. To use it, a solution of ten decigr. of sulphate of copper in fifty gms. of distilled water should be made, and the paper which is white, cut into narrow slips. One of the latter being wetted with the solution, it is then exposed to the action of the minute quantity of hydrocyanic acid dissolved in water, and suspended in the air; the paper will then instantly turn blue. Dr. Scouttetenn remarks that these slips of paper will be useful in examining the quality of the medicinal waters or syrups containing a very small quantity of the acid. The paper need only be placed on the unstoppered neck of the phial containing the medicine, and the blue color will at once become visible. Various other experiments are described, all tending to the same result.

The "Pall Mall Gazette" on Medical Education.

The *Pall Mall Gazette* thinks that the tendency of the present day is to cram the student with merely theoretical knowledge, which will be of little use to him in after-life, and to neglect that bedside training which alone can give him real experience. The *Gazette* accuses the London University, of all institutions in the world, as being the fosterer of this sytem of unfruitful cramming. It would be difficult to misrepresent the facts more completely than this. The University of London has, indeed, enormously improved the theoretical studies of the medical profession; but it is even more to be praised for its especial attention to accurate clinical training, having been the first institution to set the example of examining candidates for degrees at the bedside of actual patients. We do not deny that there are tendencies, in some quarters, to cram the minds of the students with useless matters. But instead of pointing to the innovations introduced by the University of London

as the example of such malpraxis, we should point to the effete conservatism of the University of Edinburgh, which positively refuses to sanction the certificates of any medical school in which *less than* 100 *formal lectures* are given upon the subject of Materia Medica, which, as still taught in Edinburg and nearly everywhere else, is nothing but the most wearisome and intolerably useless cram.—*Lancet.*

Researches in Resins.

The *Scientific American* publishes the following though without crediting the source from whence it was derived:

M. Sacc observes that resins have been very little studied at all; and his researches recorded in this paper extend to copal, amber, dammar, colophony, lac (or shellac), elemi, sandarac, mastic, and carnauba wax (a resin). The author has studied the more or less degree of readiness wherewith resins are reduced to powder, the action thereupon of boiling water, of alcohol of 86 per cent. strength, of ether, of ordinary acetic acid, of a hot solution of caustic soda of 1.074 specific gravity, of sulphide of carbon, of oil of turpentine, of boiled linseed oil, of benzine, of naphtha, of sulphuric acid of 1.83 specific gravity, of nitric acid of 1.329 specific gravity, and of caustic ammonia. All resins were applied in powdered state; and the solvents three times as large a bulk as that of the resins have acted for at least twenty-four hours, at temperatures varying between fifteen and twenty-two degrees. The results arrived at are briefly as follows: All resins submitted to experiments fuse quietly when heated, excepting amber, shellac, elemi, sandarac, and mastic, which swell up and increase in bulk. Only the carnauba wax melts in boiling water; colophony becomes pasty therein, while dammar, shellac, elemi, and mastic agglutinate. Copal, amber, and sandarac do not change. Alcohol does not dissolve amber nor dammar; agglutinates copal, partly dissolves elemi and carnauba wax; while colophony, shellac, sandarac, and mastic are readily soluble therein. Ether does not dissolve amber and shellac; makes copals swell, and partly but slowly dissolves carnauba wax; dammar, colophony, elemi, sandarac and mastic are readily dissolved therein. Acetic acid does not dissolve amber and shellac; causes copal to swell; somewhat acts upon carnauba wax, and does not at all act upon any other of the resins above-named. Caustic soda solution readily dissolves shellac, with difficulty colophony, and has no action upon the rest. In sulphide of carbon, amber and shellac are insoluble; copal swells therein; elemi, sandarac, mastic, and carnauba wax are with difficulty dissolved therein, while dammar and colphony are readily so. Oil of turpentine has no action upon amber or shellac; causes copal to swell; dissolves readily dammar, colphony, elemi, sandarac, carnauba, and very readily mastic. Sulphuric acid does not dissolve carnauba wax; all other resins are dissolved and colored brown, excepting dammar, which becomes bright red. Nitric acid does not act upon the resins, but colors carnauba wax straw yellow, elemi a dirty-yellow, and mastic and sandarac bright brown. Ammonia does not dissolve some of these resins, but causes copal, sandarac, and mastic first to swell, afterward dissolving them; colophony is easily soluble therein.

Reviews and Book Notices.

Guide Book to Florida and the South, for the Use of Invalids, Tourists and Emigrants. By D. G. Brinton, A. M., M. D. Published by George Maclean, 719 Sansom street, Philadelphia. 1 vol., 12 mo. cloth, pp. 136. Price, $1.00.

The author in this little work has attempted to give exactly such information as the invalid and tourist will need in choosing a winter residence in the South, in preparing for the journey, and in deriving the greatest advantage and pleasure during his trip.

The greater part of the volume is taken up with Florida, but the principal routes and stopping places in the South Atlantic States are fully described; the hotels, boarding houses and public places in the cities specified; the prices of board, hotels, railroad and hack fares are given from recent and responsible sources, and the historic associations briefly referred to.

The health resorts, Aiken, S. C., St. Augustine, Key West, etc., are fully represented. As it was the design of the writer to adapt the book especially for those going South in pursuit of health, several "chapters to invalids" are appended in which are discussed "what diseases are benefitted by a change of climate;" "which is the best climate in the South for consumptives;" "which climate should be chosen," and "some hints to health-seekers."

In plan the Guide Book is based upon those of Carl Boedeker, with which doubtless many of our readers are familiar. They are unquestionably far superior to the English "Murray."

A map of the St. John river on a scale of ten miles to the inch is added, which renders the book still more valuable to the traveler.

Board of Examining Surgeons.

Three Boards of Surgeons for the physical examination of pensioners and applicants for pensions have been appointed. They consist of seven surgeons for Philadelphia, seven for New York, and four for Brooklyn. The Philadelphia Board is as follows: Dr. H. Ernest Goodman, President; Dr. James Cummiskey, Dr. Edward A. Smith, Dr. Thomas B. Reed, Dr. Thomas S. Harper, Dr. John M. Adler, and Dr. George C. Harlan.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 25, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

PRESCRIPTION WRITING.

On page 189 of the present volume a correspondent has much that is pertinent to say about writing prescriptions. He calls attentention to the notoriously incorrect, and sometimes dangerous modes which are now used.

What he says, an inspection of any druggist's files will prove. Not one in twenty prescriptions taken from those put up by most apothecaries are correctly written.

We are not at all inclined to lay the blame of the fatal mistakes recorded every few days in the newspapers, at the doors of the doctors exclusively. But it is only too true, that they must take their share of the blame. We have put on record more than one example of the kind in this journal during the last six months.

Our correspondent does not suggest any other remedy than that of writing the prescription in correct (medical) Latin.

This is all very well for those who know how to write it, and who are writing for druggists who know how to read it. How often does this occur in this country? About once in a thousand times. It is so notorious that it is not worth while to pretend to conceal it, that not one graduate in medicine, in one hundred in this country, can translate without aid, a dozen lines of Virgil, not one in fifty but would be puzzled to give the genitive of some of the commonest nouns in the materia medica. As for the druggists, they do not pretend as a body to any knowledge of the "learned languages."

It is therefore a practical impossibility for the majority of physicians in the United States to write their prescriptions correctly. They can't do it. Why then attempt it? Why shall we continue to use this dead language, which we do not understand, and which those we write for do not understand?

It is quite time that writing prescriptions in Latin abbreviations was discarded. Such a reminiscence of the middle ages should have been discarded when the black gowns and hats ridiculed by Moliere were dropped.

This would do away with the danger of ignorant druggists putting up the wrong medicine. It would leave no excuse for not writing prescriptions plainly and intelligibly, and it would not have a single disadvantage.

To this latter statement, may be objected, the points urged by the editors of the Dispensatory. Now, between ourselves, these points have no weight at all in the present discussion. We do not suppose that any physician would write,

Tincture of Indian Hemp;

But would write

Tincture of Apocynum Cannabinum,

or

Tincture of Cannibis Indica,

as he might wish.

In France this whole antique system of prescribing in Latin has been long since done away with, although every M. D. there *must* have a fair knowledge of Latin before he commences his professional studies.

We hope also to see those mysterious hieroglyphs, ℈, ♏, ʒ, ℥, ℞, and their congeners, "like the signs of the zodiac" as our correspondent says, consigned, at no late day, in the words of Carlyle "to the belly of Eternal Night,"—and the sooner the better.

If a physician won't take time to write a prescription in full, he don't deserve his fee; if he is too lazy to do it, he deserves it still less.

There is no object whatever to be gained by holding on to this antiquated and incorrect method of prescribing, except to mystify the public and one's patients. If this is the object, it is just as easily obtained by the chemical nomenclature. This is in English, it is accurate, and yet it is quite unknown to the vast majority of patients.

Let us now see how the prescription quoted by our correspondent would look, if written in the manner we suggest:

Take

Oil of Cubebs,	
Oil of Copaiva, of each,	four fluidrachms.
Oil of turpentine,	two fluidrachms.
Spirits of Nitric æther,	six fluidrachms.
Mucilage of Acacia,	four fluidounces.

Mix. Mark: One tablespoonful three times a day.

This momentous change, we have already stated, was long ago made in France without anything like the necessity for it that exists in this country, where classical education is so much neglected. There is, therefore, no good reason why we should retain the old fashioned nomenclature and method.

Let it be understood distinctly that we do not urge individual physicians to make the change. We do urge it on the profession as a body, and we hope they will take action as a body, either through the medical societies, the medical colleges, or the Pharmacopœia and Dispensatory.

ABOUT VACCINATION.

He assumes a grave responsibility who shakes the public faith in what tends to the preservation of health and life. Yet there are those who pretend to be physicians, who, solely out of opposition to legitimate medicine, would recklessly shake the public faith in a most important and life-saving practice. If observation and experience ever taught man anything, it has taught him the protective power of vaccination over the most loathsome, and one of the most fatal diseases that ever afflicted the human race.

Yet there are persons, who from downright, inexcusable ignorance, or from unworthy motives, are reckless or wicked enough to advance puerile arguments against vaccination, and newspapers, like the New York *Tribune*, in a late issue, inconsiderate enough to give them currency. Aside from a few not very well defined cases in which various diseases, particularly of a dermoid character, have been charged to the account of "impure matter"—the only trouble with vaccination, is that it is not *general*, and that it is not always thoroughly performed. Vaccination can only be made general by statutory law. Law only recognizes the educated physician—not the pretender. *Hinc illæ lachrymæ.* Yet the effect on the public of arguments against vaccination, be they ever so shallow, is to make people careless and indifferent about, if not positively opposed to, the use of a means of preventing disfigurement and saving life compared to which all other known means are scarcely worthy of mention.

Quarantine in New York.

During the past summer the virtues of Quarantine have been thoroughly tested at the port of New York. Yellow fever, cholera, and small-pox have struggled persistently for months to effect an entrance there and failed. All of them in their most virulent form have been stopped at the lower Quarantine, and the sick transferred to the Hospital Ship. We have heard of no cases in New York or its suberbs.

In view of what has thus been accomplished through the vigilance of our friend DR. JOHN SWINBURNE, Health officer of the city, and the soul of the Metropolitan Board of Health, the thought just flashed through our mind that he was the counterpart of Cerberus—that animal of the three heads who guarded the gates of hell! Perhaps the thought was natural enough in view of the fact that that city is "the gate of hell" to many a poor soul, while many others think that it is about as near that place as they would care to get! Seriously though, New York cannot easily discharge her debt of obligations to her *very faithful and efficient Health Officer.* Never before has the mortality of that city been so low as during the past year, and it seems to be steadily diminishing.

Galveston Medical College.

The Board of Trustees of Soule University met in Galveston, August 12th, and confirmed appointments in the Faculty of the Medical Department, as follows:—

J. H. Webb, M. D., President and Professor of Obstetrics and Diseases of Women and Children.

Greensville Dowell, M. D., Professor of Surgery.

N. N. Allen, M. D., Professor of Physiology and Medical Jurisprudence.

M. A. East, M. D., Professor of Theory and Practice of Medicine.

H. Kilpatric, M. D., Professor of Anatomy.

J. D. Rankin, M. D., Professor of Materia Medica and Therapeutics.

Leonidas Hudspeth, M. D., Professor of Chemistry.

J. D. Howell, M. D., Demonstrator of Anatomy.

C. H. Wilkerson, M. D., Prosector to Professor of Surgery.

We trust this action will be satisfactory to the profession of the Southwest, and that the school will be eminently successful. It has a wide and rapidly growing field for its operations.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 24.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Treatment of Scrofula.

Wildiam Aitkin, M. D., Edinburg, etc.

219. ℞. Olei morrhuæ, fʒjss.
Olei creasoti, gtt. iv.
Pulveris tragacanthæ,
Pulveris acaciæ,
Pulveris amyli, aa. ℈j.
Sacchari albi, ʒj.
Aquæ anisi, fʒivss. M.

Take two tablespoonsful three times a day. This is recommended as making a palatable mixture. The creosote is said to render the stomach more tolerant of the remedy.

Besides cod-liver oil, other animal fats and oils, where they can be taken and assimilated, are sure to be followed with benefit. Hence milk, rich in fatty matters, such as asses' milk, and milk drawn from cows at a short interval after the greater part of their milk has been withdrawn, are found to be followed by improvement, where they are persevered in and are assimilated. So, also, with cream and butter. Dr. Bennett instances the partial success occasionally of caviar, bacon, pork, mutton-chops and the marrow of bones of oxen; while Dr. Thompson instances the good effects he has obtained from the use of oil from the foot of the young heifer, (neat's foot oil.)

But medicine is utterly powerless and useless, unless hygienic means are carried out to the uttermost. They may be enumerated as follows:

I. A constant supply of pure and fresh air for respiration.

II. Active exercise in the open air. *The risk is in staying in the house* and not in going out of it.

III. It is important to secure for the patient a uniform, sheltered, temperate, and mild climate to live in, with a temperature about 60° and a range of not more than 10° or 15°; where, also, the soil is dry and the drinking-water pure and not hard.

IV. The dress of the scrofulous patient ought to be of such a kind as to equalize and retain the temperature of the body. Waterproof coats, boots, and shoes are to be condemned. Flannel ought to be invariably worn next the skin in all seasons.

V. The hours of rest should extend from sunset to sunrise.

VI. In-door or sedentary occupation should be suspended; but out-door employment in the fresh air, even in the midst of snow, has been and may be advantageous.

VII. Cleanliness of body is a special point to be attended to.

VIII. Marriage of consumptive females, for the sake of arresting the disease by pregnancy, is morally wrong and physically mischievous.

IX. The medicinal treatment must be adapted to the site of the local deposits and the general nature of the particular case.

J. M. Da Costa, M. D.

220. ℞. Olei morrhuæ, fʒ ss.

For one dose; to be taken three times a day in *carbonic acid water*. Place in a tumbler a small amount of any preferred syrup (orgeat or sarsaparilla is the best adapted to disguise the taste of the oil) and fill up with carbonic acid water, from a bottle furnished with a syphon for table use; then, while it is still foaming, put in a tablespoonful of the oil. It is astonishing how perfectly the taste is concealed in this manner. Other modes of taking the oil are floating on ice water, in lemon juice, and in the froth of porter. Less than a tablespoonful is not worth taking. The best time for its administration is between meals, after the process of digestion is pretty well finished. Persons are exceptionally met with who take it in preference just before meals, and thus avoid the disagreeable eructations. Nobody likes to take it the instant after meals.

Dr. Felix von Niemeyer, *Professor of Pathology and Therapeutics, Director of the Medical Clinic of the University of Tubingen.*

Cod-liver oil has a special and well-merited reputation as a remedy against scrofula, and there are plenty of instances where it has been of good service. On the other hand, perhaps no remedy has ever been so much abused as this one. Whoever supposes that the mere presence of a thick nose, a sore upper lip, or a bunch of enlarged cervical glands, affords sufficient ground for the prescription of this medicine, will often fail to benefit his patient, and sometimes will do him harm. Daily experience teaches, however, that such is the general belief, and that he who seeks to combat it does not merely fight a windmill. Let any one ask a patient whose scrofula has outlasted his childhood, and who has passed

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

again and again from one practitioner to another, who often he has had cod-liver oil prescribed for him since the time of its first failure during childhood; how many months or years he has taken it; and how much the whole aggregate quantity would amount to, and he will be surprised at the answer. Nevertheless, in all probability, the next physician whom the patient consults will prescribe it again. A most serviceable means of distinction between the cases in which cod-liver oil is indicated and those in which nothing is to be expected from it, is afforded by the symptoms of the torpid and erethitic forms of scrofula. When the patient's slender frame, the lack of fat beneath his skin, and his accelerated pulse warrant the belief that his nervous system is in a state of over-activity, cod-liver oil is generally of the most signal benefit. Under its use the plumpness of the body increases, while the general susceptibility of the system, and the diseases consequent upon it subside. These are the cases to which this article owes its name as an anti-scrofulous remedy. But if the patient be clumsy and thick-set; if the nose and upper lip be enlarged, and the adipose layer over the rest of the body strongly developed; if the action of the heart be retarded rather than accelerated; if the irritability of the nervous system seem unusually obtuse; in short, should there be reason to suppose that the waste of the system is diminished rather than increased, we cannot hope to relieve the disease by means of the oil. Nevertheless, it is precisely this class of patients, who, in vain, have taken such enormous quantities of it in the course of their lives. Besides the oil, and as a corroborant of its effects, so to speak, articles containing a little tannin, such as parched acorns, "acorn coffee," and home-made infusion of walnut leaves are very often prescribed. Such a practice is greatly to be commended whenever there is a chronic catarrh of the intestines, embracing the digestion and the absorption of chyle and where apprehensions are entertained that the oil may aggravate the intestinal disorder. In order to make children take the acorn coffee as willingly as real coffee, it is sufficient to add a few coffee beans to the acorns before roasting them.

THOMAS HAWKES TANNER, M. D., F. L. S. ETC.

221. ℞. Ferri iodidi, gr. vj.–xviij.
Glycerini, f℥ij.
Infusi columbæ, q. s. ad. f℥vj. M.

Two tablespoonsful three times a day. In strumous ulcers, etc., where the stomach will not tolerate cod-liver oil:

222. ℞. Ammonii iodidi, gr. j–vj.
Infusi cinchonæ flavæ, f℥ss..

For one dose, to be taken twice or thrice daily, before food. Very valuable in strumous enlargement of the absorbent glands. The dose is to be graduated according to the patient's age. At the time the medicine is given internally, the following ointment should be rubbed into the swellings night and morning:

223. ℞. Ammonii iodidi, ʒj.
Adipis, ℥ʒj M.

Another New Hospital in New York.

It will be remembered that some two or three years since a Mr. ROOSEVELT left a large amount of money for the purpose of establishing a Hospital in New York, to be conducted under the auspices of the Presbyterian church.

We are glad to announce that work upon it has at last been commenced. The fund for the Hospital in the hands of the Trustees now amounts to nearly one million of dollars. When completed, the hospital will consist of seven buildings, the corner-stone of the first of which will be laid in about a week. The location of the hospital is to be on the block bounded by Ninth and Tenth avenues, and Fifty-eighth and Fifty-ninth streets. The building now contracted for, and in course of construction, is located two hundred and eighty-one feet west from Ninth avenue. It will be of brick, consists of three stories and a basement, and cover a space of fifty-six by one hundred and seventy feet. Its estimated cost is one hundred and eighty-one thousand dollars. Mr. Carl Pfeiffer, who designed the new German Hospital, is the architect.

Medical Education.

The following authentic copy of an official document has been sent us from one of the counties of this State. We recommend it as a model form:

Post Mortem

—— day of July, 1869.

Alexander Montgomery, deceased; found upper portion of Oss Frontalis lacerated and entirely Anti-Anastimose, also the Ossa Parietals for half way back toward the Oss Occipital Anti Anastimose, the entire wound being immediately along the coronal suture; from internal examination found buried deep in the Cerebrum two pieces of Stone which I removed therefrom.

———— ————, M. D.

The whole of the above I certify to being true and correct.

———— ————.

—— THE PRUSSIAN STUDENTS.—It would appear that the students of the various faculties are either much oppressed or are somewhat unruly. They have protested against interference on the part of the authorities and the police, and claim the rights of forming a fund for students of limited means, the right of meeting, &c. The protesting document is couched in the most energetic language.

—— It is proposed to erect a monument to the memory of Dr. McGugin of Keokuk, Iowa. This will be a token of proper respect to a worthy man

Nine Bones in the Cranium.

On page 41 of the REPORTER of July 10, 1869, is a short article under this heading. A correspondent calls our attention to the following extract from the work on Peruvian Antiquities, by Rivero and Von Tschudi:

"In conclusion, it may be proper to notice an osteologic anomaly, very interesting, which is observed of all the three races, (viz: Yanyos, Chinchas, and Aymaraes,) and it is this: that those children of tender years, in the first months after their birth, present an interparietal bone (os interparietale,) perfectly distinct; a bone which, as its name indicates, will be found placed between the two parietals, and having a form more or less triangular, whose sharpest angle is above, and is bounded by the posterior edges of the parietal bones, while its base attaches itself to the occipital bone, by a suture which runs, from the angle of union of the temporal with the occipital bone, a little above the upper semicircular line, to the similar angle on the opposite side.

"It follows that this interparietal bone occupies precisely that part of the occiput which in the other crania is occupied by the upper portion of the occipital, and which is connected with the parietals by the lambdoidal suture. At four or five months this bone is regularly united to the occipital, and the union begins at the middle of the suture, and advances by little and little toward both sides; although even after a year it is not found completely effected, but in the middle only; a furrow shows the trace of the suture; this furrow is not obliterated even at the most advanced age, and may be easily recognized in all the crania of all these races."

Smoke and Rain Drops.

The report of the English Inspectors appointed to investigate the various causes of the contamination of the atmosphere in the manufacturing towns of Great Britain, furnishes most valuable additions to knowledge on the subject of the ingredients of the "smoke" caused by the consumption of coal. In London a funereal hue is imparted to the statues of public men, the exteriors of churches and houses, the trees, the birds and the clothing worn by the inhabitants, and in other parts of England the smoke nuisance is almost as intolerable. The "blacks," however, are not the only subjects of complaint, for in some districts the smoke arising from coal strongly impregnated with sulphur, condenses into an acid rain which kills the vegetation and is exceeding deleterious to the health of man and animals. The chemist employed by the inspectors under the English "Alkali" act, has acquired such skill in his investigations that he can classify smoke in the clearest and most definite manner, and can dissect or dissolve it into its primitive ingredients. In the same way this skilful chemist has been enabled to analyze the rain drops, and to ascertain how much acid, how much soot and how much salt from the sea they contain. The rain which falls around certain large towns has been examined, and large diagrams of the drops have been prepared, in which the most curious crystal pictures are delineated. The drop of Manchester rain resembles the splintering and slurring of a large block of ice in which slabs of stone are incrusted; London rain resembles branches of a large tree deprived of its leaves, and the Newcastle rain appears to contain blocks of coal. These investigations are very minute, and "spores," the fifty thousandth part of an inch in diameter, have been detected and enumerated.

The Race.

The Harvard and Oxford Boat Race is the subject of an editorial in the London *Lancet*. That journal states that if the diet-scale of the Harvard crew had been really such as was reported, the physical powers and the health of the Americans would have been seriously affected. On inquiry it appears that the Harvard men, while training, were allowed plenty of meat, with milk, rice, vegetables and fruit, and that their dietary differed from that of their opponents in the matter of beer. The Americans used no beer, wine or spirits. The *Lancet* says that it cannot express an opinion on the influence of the rowing or steering of the two boats, or on the effect of the want of experience in the Harvard men of the currents of the Thames, but that the difference in diet had clearly no effect on the result, and concludes as follows: "The crews were well matched, the race was most severely contested, and it is evident that the Oxonians had to put forth their full powers to make the victory theirs."

Weights and Measures.

The metrical standard of weights and measures, according to a recent report to the Emperor Napoleon III, from the Minister of Agriculture and Commerce, is gaining ground in every country, and has been officially adopted by Belgium, Holland, Italy, the Papal States, Spain, Portugal, Greece, Mexico, Brazil, Chile, New Granada, and the republics of South America. An English commission, too, has declared in favor of its introduction into Great Britain. The minister proposes that a commission should be appointed for the purpose of delivering to foreign countries metrical standards which may serve to render the system general.

We shall be glad to see it adopted in this country, and especially in the drug trade and the writing of prescriptions. Exact science in all its branches has recognized the superiority everywhere.

Subcutaneous Condyloma.

According to Dr. TIESSE, the so-called subcutaneous condyloma is a monstrous hypertrophy of the cellular portion of the follicle.

Fruit and Diarrhœa.

Dr. Edwin M. Snow, in his last monthly report, repeats his assertion that fruit is innocuous. He says: We referred in the report for July, to the use of fruit and vegetables as beneficial to the public health. Perhaps a majority of the people have been afraid to let their children, particularly from 3 to 15 years of age, eat freely of fruit in the month of August. But during the past month fruit of all kinds has been extremely abundant, and has been eaten more generally than in past years. And yet during the whole month, there was not a single death of a child between 2 and 15 years of age in Providence, from any one of the summer complaints.

Prescribing Across the Counter.

Recently in Hoboken, an infant being ill, the parents, instead of consulting a physician, went to an apothecary, who feeling himself equal to the emergency, prescribed some pills containing opium. *Result.*—Death of the infant; a coroner's jury; a post mortem and a verdict in accordance with the facts developed, and censuring the drug clerk who prescribed, and the parents who administered the medicine for their carelessness. Warrants were issued for the arrest of the parties. And what will it all amount to? Bail—own recognisances—case never called—drug clerk continues prescribing across the counter—but *all* his "cases" are not investigated in even this loose manner!

Intermarriage of Relations.

The *Journal of the Gynæcological Society* of Boston criticizes with justice and with severity the absurd action of the New Hampshire Legislature in prohibiting on and after the 24th of December, 1869, the marriage of first cousins. This narrowminded, short-sighted, meddling in private affairs on the suggestion of uncertain and deceptive statistics will bring the State and the physicians who advise the State into discredit. It is very far from proven that intermarriages of near relatives, *per se*, has any bad effect. For ourselves we are convinced that it has none whatever, and may have most excellent results. Who is responsible for this step backward in State medicine?

Who is He?

A morning paper of this city gives a long editorial to the sale of diplomas of Doctor of Medicine by some college in this city. No college is specified, and in the eyes of those ignorant of facts, the reputation of all suffers. Now we call upon our cotemporary, if he has any decent regard for the public welfare, the reputation of the city as a centre of medical learning, and its own veracity, to state of *which* medical school it *knows* anything to justify these charges. Out with it.

Statistics of Acquired and Hereditary Syphilis.

Mr. B. Squire furnishes the June numbers of the *British Medical Journal* with the statistics of Syphilis, occurring amongst a thousand consecutive cases of skin disease presented by dispensary patients. Of the 1000 cases, 43 were diagnosed as Syphilitic; 38 being of acquired origin, and 5 congenital. Thus, we have a proportion of 1 in 23 of syphilitic origin (viz., 4.3 per cent.); of which, 1 in 26 (viz., 3.8 per cent.) were in connection with acquired, and 1 in 200 (viz., .5 per cent.) with inherited disease.

Of the 5 congenital cases, the youngest was 2 months, and the eldest 18 months old; 4 out of the 5 were under 8 months of age.

Of the 38 cases of acquired syphilis, the youngest was 17 years old, the eldest 54 years old. Of these cases, there were 8 between the ages of 17 and 25 years; 17 between the ages of 25 and 35 years; 10 between the ages of 35 and 45 years; and 3 above the age of 45 years.

Canadian Medical Association.

The Canadian Medical Association met in convention in Toronto, on the 8th. A large number of delegates from all parts of the Dominion, also from American Medical Associations, were present. Hon. C. Tupper delivered the annual address.

The following distinguished gentlemen were elected honorary members: Dr. N. S. Davis, of Chicago; Joseph K. Barnes, Surgeon-General United States Army; Samuel D. Gross, of Philadelphia, and Charles A. Lee, of Buffalo.

Dr. Storer on "Pocketing the Pedicle."

Those who read up current gynæcological literature will be aware that the originality of Dr. Storer's operation which he calls "pocketing the pedicle," has been denied.

He defends his claim to being its author in the last number of the *Jour. of the Gyn. Soc.* and after hearing both sides, so far as the discussion has gone, he undoubtedly makes good his claim.

Naval Hospitals.

The Peace Congress of Geneva has suggested that in all actions at sea there should be certain ships devoted to the accommodation of the wounded, which, carrying a peculiar flag, should be exempted from fire—as are hospitals on shore.

—— Dr. Pliny M. Crume died at the residence of his son, near Wabash, Indiana, recently, at the age of sixty-six years. Most of his life was passed in Eaton, Preble county, Ohio. He was for years a leading member of the State Medical Society, and for eight years Professor in the Ohio Medical College, and in the Cincinnati College of Medicine and Surgery.

Correspondence.

FOREIGN.

PARIS, AUG. 25, 1869.

Hospitals.

ED. OF MED. AND SURG. REP.:

There are three classes of civil hospitals in Paris. 1. General, for general complaints. Hotel Dieu the largest of this class. 2. Special hospitals. 3. Hospices or Alms Houses. More than 40 millions of francs have been expended in past 30 years upon these hospitals. Total number of beds now is 19,-600. All public places of amusement pay a tax of 8 per cent on receipts for support of hospitals and a heavy tax is also levied on every piece of ground, purchased in the cemeteries. Medical students by the thousand still flock here, attracted partly by the past reputation of Paris as an educator, although she has lost much of her former fame, partly because living and instruction are cheap here, and *no doubt* partly because neither father, priest or laymen here thinks it at all amiss, for a medical student to have a furnished room, and to contract on good terms, with a pretty girl of 16 or older, to be housekeeper and mistress for him during his college course. Christian curtation must blush at this statement, but it is true.

Many of the great men have died within the last five years, and those of their compeers, Nelaton, Ricord, Paul Dubois and others who added lustre to the schools of the French Capital, are so old that neither of them does much teaching now. Ricord does an enormous and profitable private and consultation practice, but does not lecture at all. It was my pleasure to call upon him by personal invitation. He received me with great courtesy—speaks English fluently, (resided in Baltimore, U. S. A., when a youth.) He still holds to the non-contageousness of secondary syphilis, although in a very modified sense from what I had conceived as to his views—and prescribes mercury and iodide potassa as formerly, with iron and generous diet in advanced conditions of disease. He did not seem at all dis pleased at my mention of his clear and more comprehensive description of the Hunterian chancre than even that by the great master, HUNTER himself. He recognizes the *Ricordian chancre*. NELATON stands here at the top of surgery. Much renown was added to his already proud distinction with the French by the simple operation by which he, a few years ago, relieved Garibaldi of a minnie ball in the foot, after Mr. SPENCER WELLS, in council with the Italian Surgeon, had failed. He attempted crushing a stone for Marshal Niel, the Emperor's Secretary of War a few months ago, and is said to have succeeded; but rumor in medical circles here says the instrument broke in the bladder, and that possibly injuries were sustained thereby. At any rate the patient died about four to six weeks after the operation—several stones being found on post mortem in the bladder.

MAISONEUVE is the leading man of the older stamp, who still lectures and walks the hospital wards. He is at Hotel Dieu. Operates with coolness and care, and lectures so clearly and well, that although the *spoken French* is not very familiar to me, still I could understand him quite well. He uses his favorite caustic arrows to a great extent. They are made of wheat flour and chloride of zinc. He makes incisions into the part to be acted upon and thrusts them in. I saw him employ them thus in a case of cancer of the womb, also cancer of the lower eyelid. In neither case do I suppose any good will follow. Surgery in Paris and especially at Hotel Dieu has become pre-eminently conservative; caustics are employed wherever by so doing the knife can be dispensed with. Nor do I wonder, for the mortality after operations with the knife is great. Owing, I have no doubt, to bad ventilation, and to the generally unfavorable atmospheric condition of this climate for surgical success. Out of 4 cases of amputations which I noticed in the surgical wards, 3 were suffering of phlegmon. The new building which is rapidly under construction, and will be when completed one of the largest and best appointed in the world, may obviate some of the difficulties which defeat success in the old.

CHOMEL, CORVISART, BOUCHUT, MOISSENET, DUPREZ, CHASSAIGNAC, and others of considerable note, I must leave for another letter, as this one must close. At the Hospital Lourcine, for female syphilitic patients exclusively, 2000 are annually treated—mortality 1 in 27. Here the non-mercurial treatment is carried to a greater extent than anywhere in France, and strange to say under the direction of DRS. GOUPIL and M. M. VERNEUIL; the latter a former pupil of RICORD.

REAMY.

DOMESTIC.

Intestinal Obstructions.

EDITORS OF MED. AND SURG. REPORTER:

I send you the following notes of a fatal case of intestinal obstruction and enteritis from supposed chronic disease of the rectum and colon:

The patient, M. A. Wilson, Millwood, Mason Co., Kentucky, aged 23 years, small size, pale and cachectic, had acute rheumatism eleven years ago, with heart symptoms, for which she has been treated since, according to accounts of herself and friends. Married three years, had but one child, now over two years of age, since the birth of which she has never menstruated. Child weaned eight months ago. Moved her from West Virginia about one year since. Has been suffering from external hemorrhoids, ever since she has lived here, with discharges of blood and

pus from the rectum, indicating severe internal hemmorrhoids, or some more serious disease of the lower bowel. As she would never consent to an examination per rectum or vaginam, I had only prescribed for her upon the representations of her case by her husband. Was called to prescribe July 17th 1869, for unusual constipation, and sent her six compound cathartic pills, which were given in two doses, and failing to operate, prescribed on the morning of the 18th, Ol. ricini, ℥j., Ol. terebinth, ℥j., which was followed by a small fecal discharge. 19th, repeated the dose of oil and turpentine three times without effect; gave Croton oil, gtt. iv. in pil. No. iv, one every hour, the two last pills being rejected, without any evacuation of the bowels, and being notified, visited her for the first time. An examination of the abdomen, revealed some distension, no tumor or signs of hernia, except an unusual depressed or sunken appearance in the region of the ligimoid flexure, the anus surrounded with external hemmorrhoids, and the rectum so firmly constricted as to prevent a digital examination; failing to produce complete anæsthesia, with f℥ij chloroform, which was all I had, I abandoned the attempt to examine the rectum in this way. A vaginal examination found the womb in normal position, but through the vaginal walls as high as could be reached, the rectum appeared to be in an excessively hardened and swollen condition, so much as to convey the impression at first that it was loaded with impacted feces. As the distension was increasing, and the stomach was becoming irritable, gave calomel grs. iij, opium gr. i, every six hours, with warm hip baths, and injections of warm soap suds into the rectum. July 20th, no evacuations from bowel, urine high colored, but still pretty freely secreted, pulse 98; the calomel prescribed on the previous day, was discontinued at night on account of slight ptyalism, and the opium continued. From this date until the 31st, the secretion of urine gradually diminished, the pain and distension of the abdomen increased with fever, thirst, vomiting up nearly everything swallowed, pulse running up to 140, with every symptom of intense enteritis. Occasional injections of linseed oil, beef tea, chicken water, through a gum tube or bougie 14 inches long, none of which would be returned without drawing through the tube. On the evening of July 31st, the injection drawn through the tube brought away considerable bloody feted pus and for the first time since the 18th, a quantity of fecal matter, which we continued to draw off at intervals of six or eight hours. On the morning of August 3rd, she had an evacuation of the bowels without assistance. Less irritation of the stomach, so that she was enabled to take small quantities of liquid food. No urine. Failing to draw more than f℥j. with catheter. Pulse 140. Continued opium with wine at intervals, fomentations over bowels. Oil turpentine externally, and in small doses internally. August 4th.—Gave tinct. aconite gtt. v., every four hours. Two evacuations from bowels with tube. Better secretion of urine. Wine continued. Pulse 126 at 6. P. M. August 5th, 9 A. M.—Pulse 120. The turpentine being offensive to the stomach, prescribed copaiva and nitre dulc. A small teaspoonful three times a day, which she seemed to prefer. Nine P. M.—Pulse 110. More urine secreted. Aconite discontinued for fear of prostration. Wine and opium continued. During the 6th, 7th, and 8th, the pulse varied from 112 to 120. There was some desire for food. The wine and opium was continued, and the bowels moved with tube about twice each day. Still scant secretion of urine or no improvement in that respect. After the 5th the distension of the abdomen seemed much reduced. Small quantities of liquid nourishment allowed at intervals. During the last few days Drs. J. N. Proctor, of Elizaville, Kentucky; C. C. Proctor, Mt. Carmel, Kentucky; and Dr. G. R. T. Clark, of Yellow Springs, Ohio, kindly visited the patient with me at different times. August 9th.—Pulse again 140. Failing rapidly. Abdomen again swelling with great distension of colon to about sigmoid flexure. August 10th, 6 A. M.—Sinking. Died at 12 M.

As a post-mortem examination was not allowed, an accurate knowledge of the cause of the attack was impossible. That it was in the lower bowels is pretty evident from the fact of there being no stercoraceous vomiting, the secretion of urine continuing until so late a period, and also that tumors could be discovered in passing the bougie about four or five inches above the sphincter, and that there was some obstruction about the junction of the rectum and sigmoid flexure, as the injections passed through this did not return as they would when merely thrown up with an ordinary syringe, and also that there was always a marked depression about the sigmoid flexure, below which there was no distension. The peculiar cachetic appearance of the patient, and the excessive hard and scirrhus like fee. of the rectum through the vaginal walls, would suggest cancer. Perhaps the attack of rheumatism years before, and the heart suffering at that time, and since, (although these symptoms were obscure,) and the consequent derangement of the circulation producing long continued plethora and congestion of the portal system, originated the disease which terminated her life.

Abraham Cook, M. D.

Millwood, Mason Co., Aug. 30, 1869.

Mania-a-potu.

Eds. Medical and Surgical Reporter:

In your valuable journal of April 17th, vol. XX., I see stated as an interesting fact by Dr. Henry Yale Smith, that he has never seen a single case of mania-a-potu in the negro race. I can add to that fact, that I have never seen a case of delirium

tremens in the Indian race, in twelve years' practice of medicine in this country (Mexico), where three-fourths or more of the entire inhabitants are Indians, and who are very much given to drink with excess, and drink the very worst of liquors. This is a fact that had attracted my attention very forcibly, as I have met frequently with cases in other races of people. These two important facts have very naturally suggested to my mind the question: Is only the European race subject to this very repugnant disease?

ADOLFO AUTRY, M. D.

PAPANTLA, MEXICO, June 22, 1869.

NEWS AND MISCELLANY.

A New Lunatic Hospital.

The ceremony of laying the corner-stone of the new State Lunatic Hospital, at Danville, Pa., was performed Aug. 26. The location was selected by the Commissioners, Drs. Curwen, Reed and Green, after a tour of inspection extending through three weeks, and was approved in conformity to law by the Governor. The site chosen is a most delightful one, occupying a high plateau, surrounded, at considerable distances, by hills, and enclosing a landscape of singular beauty.

Danville is a town of about 10,000 inhabitants and a very eligible spot.

—— The milk in New York, according to the investigations of the Board of Health of that city, come from the wholesale dealer in nearly every instance in an adulterated condition, and is further largely adulterated before it passes into the hands of individual consumers. Standard milk, it is stated, should contain 87 to 89 parts of fluid, and 13 to 11 parts of solid substances; but in many instances in New York the water was as high as 93 parts.

——A disease called *pachima* is reported to be fast destroying the cattle of the Soonderbuns, India. It has appeared in an epidemic form, and its victims invariably fall off and die in the course of two or three days. This epidemic is said not to differ much from the epizootic, or cattle disease of 1864. It is called by the natives *pachima*, or *puschima*, probably because they suppose it to come from the west. Mr. Rainey, in bringing the matter to the notice of the Agricultural and Horticultural Society of India, at a recent meeting in Calcutta, suggested that the Government should cause a simple manual in Bengalee, on the subject of cattle diseases, to be prepared for distribution among the people. Such a work would be of the greatest utility.

—— DR. THOS. RUSSELL CROSBY has been appointed Professor of Animal and Vegetable Physiology in Dartmouth College, New Hampshire.

—— DR. MONROE G. TEWKSBURY, an old and highly respected physician of Manchester, New Hampshire, died on September 2d. His age was 51 years. He graduated at the Medical school in Woodstock, Vermont.

—— SURGEON DENBY has been detached from the *Jamestown* and Passed Assistant Surgeon White from the *Ashuelot*. Both are placed on waiting orders. Assistant Surgeon A. A. Hoehling has been detached from the receiving ship *Portsmouth*, and is on waiting orders.

—— Mary H. Stinson, M. D., of Norristown, Pa., a graduate of the Woman's Medical College of Pennsylvania, has been appointed Assistant Physician in the woman's department of the Massachusetts State Lunatic Hospital, at Worcester, Mass.

—— IT IS said that the Medical Faculty of Paris have recently conferred the degree of doctor of medicine upon three ladies—a French woman, a Russian and an American.

—— THE wife of the Rev. Van Ness Traver, of Hyde Park, New York, has presented him with three children at a birth. There is little danger at that rate of the tribe of Levi becoming extinct!

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

HUDSON—MCGILL—September 15, at the South Common M. E. Church, Allegheny, by the Rev. J. F. Jones, Dr. Adrian Hudson, United States Navy, and Margaret M., youngest daughter of the late John McGill.

LINDE—MAYERS—In Fort Smith, Ark., August 20th, in St. John's Church, by the Rev. John Sandels, Dr. Theo. F. Linde and Miss Lizzie Mayers, daughter of Dr. T. M. Mayers, all of that city.

MCGEORGE—PULLEN—At the residence of the bride's mother, Hightstown, N. J., Sept. 15th, by the Rev. G. H. Vilbert, of Rockport, Mass., Wallace McGeorge, M. D., and Anna F., youngest daughter of the late Hon. Isaac Pullen, both of Hightstown, N. J.

DIED.

BOSTWICK—In Brooklyn, N. Y., suddenly, Sept. 16, Caroline M., wife of Oliver N. Bostwick, and daughter of the late Bradley Parker, M. D., in the 38th year of her age.

METEOROLOGY.

SEPT.	6,	7,	8,	9,	10,	11,	12,
Wind.....	S. E.	S. E.	S. E.	N. W.	N. W.	N. W.	N. W.
Weather.	Clear sh'wr	Cl'dy rain	Cl'dy sh'wr	Clear	Clear sh'wr	Clear	Clear
DepthRain	2-10	1-10	1-10		1-10		
Thermom....							
Minimum..	58	60	69°	55°	54°	50	52
At 8, A M.	67	75	71	67	62	63°	65°
At 12, M...	82	82	78	72	70	71	75
At 3, P. M.	82	82	79	74	71	70	73
Mean.....	72.25	74.75	74.25	67.	64.25	63.50	66.25
Barometer..	30.2	30.2	29.8	30.	30.1	30.1	30.1
At 12, M...							

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

No. 657.] PHILADELPHIA, OCTBER 2, 1869. [Vol. XXI.—No. 14.

Original Department.

Communications.

UNUNITED FRACTURE OF THIGH—OPERATION—SUBSEQUENT AMPUTATION—RECOVERY.

Reported by Dr. W. F. Peck,

Of Davenport, Iowa,

To the Iowa State Medical Society.

John Henry First, aged 50, by birth a German; occupation, miller. In 1867, Nov. 29, while engaged in his ordinary employment, an accident happened to the engine, which resulted in throwing the running stone from its position, breaking it into a number of fragments, one of which produced a comminuted fracture of his right leg, about three inches above the ankle-joint. At the same time he received an oblique fracture of the left femur, at the commencement of the middle with the upper third. He immediately received attention, the leg being placed in a fracture box, and subsequently treated with splints. The femur was treated with extension and counter-extension. For the counter-extension a band was passed around the upper third of the femur and fastened to the bed post. Thirty-one weeks after the accident he came to Davenport, when, upon examination, it was found that he was suffering from an ununited fracture of the femur. An operation, for uniting the divided extremities of bone, was advised by Drs. Maxwell and Peck. And accordingly on June 5th, 1868, with the assistance of the following gentlemen—Drs. Maxwell, Funsen, Meerbourg, Hosford, of Davenport, and Drs. Plummer and Truesdale, of Rock Island, Ill., I proceeded to operate by making an incision on the outer side of the thigh, extending from the trochanter major down to the upper border of the external condyle. Having exposed the bone it was with considerable difficulty that the ends of bone could be brought into contact, owing to the "semi-organized effusion" which surrounded the seat of "non-union." The upper fragment passed on the outside and over-lapped the lower bone. A chain saw could not be passed around, but after much labor with a trephining elevator, a separation was effected, and the ends brought out and removed, creating a new oblique fracture, not unlike the original. A hole was drilled through from above downward, through which a piece of annealed wire was passed and the bones secured in close proximity. The external wound was closed with sutures, twelve in number, and the entire limb placed in a sole-leather apparatus made for the case. It extended from the sole of the foot—which it included—up to the crest of the ilium; a piece large enough to expose the wound being removed and the whole brought together on the front part of the limb with straps. The case progressed well with the exception of some excoriation at the heel, and some swelling in the vicinity of the knee-joint, both of which passed away, and on September 19th, 1868, he was discharged from treatment with perfect union, and returned to his home near Muscatine, Iowa.

I received a letter from him January 5th, 1869, telling me that he had some difficulty with his ankle and knee. I requested him to come to Davenport, which he did, when I found that in November he had received a fall and injured his ankle and knee, for which he received surgical treatment in Muscatine. The injury resulted in synovitis of both knee and ankle joints, so that when he came to me he had anchylosis of both ankle and knee. I advised an amputation of the thigh as the only resort. A consultation with several other sur-

geons also recommended amputation, which was performed at the lower third, January 19, 1869. The bone at the point of the amputation showed abundant evidence of osteo myolitis, which extended into the bone not removed. The patella was firmly adherent to the femur by the strongest kind of fibrous bands. So strong were they that it was scarcely evident that even great pressure produced even the slightest motion. The amputation was circular and the stump left open. No ill consequences followed, and, what was particularly remarkable, no pain was experienced after the operation. In five weeks he was walking around on crutches, and eight weeks after the operation he was discharged cured. The anæsthetic employed was ether in both operations. The first operation consumed one hour, the second some fifteen minutes.

He now has a good stump for an artificial leg. Had the first operation not been performed he could not have worn an artificial leg to much advantage.

SYPHILITIC INSANITY.

By J. W. Hadlock, M. D.,
Of Cincinnati, O.

That the internal organs often become the seat of syphilitic affections, of the gravest character, is, I believe, no longer seriously doubted. If those who are still disposed to be sceptical on this point will read the paper of Dr. Wilks on "Syphilitic Affections of the Internal Organs," in vol. Ninth, Third Series, of Guy's Hospital Reports, and study the cases he there gives in detail, they will have their scepticism in a great measure, if not entirely, removed, concerning the ravages of syphilis on every tissue of the body. I myself was in attendance upon a post mortem, conducted by Professor W. W. Dawson, of this city, where the liver, as well as the glandular system generally, was the seat of very extensive syphilitic disease. And in the Reporter for Aug. 7th, I notice a case reported where the disease attacked the brain, producing insanity and ultimately death of patient. A similar case I have to report.

While engaged in practice at Idaho city, I. T., in May, 1865, Samuel T., aged about thirty years, of good constitution, came to my office to be treated for chancre, situated on the prepuce. The chancre was large and irritable. He otherwise was in good health and in good spirits. In fact he was remarkable for his genial, lively disposition; a patient to whom a physician would become attached for his social qualities, and for that reason we gave him more than ordinary attention. But all to no avail, as the sequel will show.

Mercury was given as constitutional treatment, while locally we used Monsel's salts, as a cautery, ordering a poultice of elm bark at night, and a dose of opium to produce rest.

After a few weeks the chancre healed and disappeared entirely, without leaving any unpleasant symptoms, save a slightly debilitated condition of the patient; a debility hard to define, yet of such a peculiar character that his usually lively and jovial disposition gave way to a kind of low melancholy.

By the middle of July his health had again become quite good, (not, however, reaching the usual standard which it attained previous to his infection,) and having urgent business thirty or forty miles away, concluded to make the trip on horse back, returning in about a fortnight with the worst case of irritis that I ever saw. My first anxious inquiry was—"Can I save the eye?"

I began the use of mercury, internally, at once; bathed the eye with a solution of extract of beladonna, applied cups freely to the temples, and drew blisters behind the ears; gave opium at night to allay pain, which was now excessive. In a few days the attack began yielding to the treatment, and after a reasonable time the eye cleared up and I congratulated myself that it was saved.

The following mixture was now ordered to be taken three times daily, in drachm doses; the quantity to be gradually increased until two drachms were taken at one dose:

℞.	Hydg. bi-chloride.,	grs. ij.
	Iodide of potassium,	℥ij.
	Syrup, sarsap. comp.,	℥vj.

The above was given for ten days or two weeks, when, finding him growing so weak and debilitated, I changed the treatment to tonics and stimulants with the hope of building up his shattered health, which had now become bad in the extreme. Digestion poor. Bowels constipated. Much emaciated. Melancholic to a marked degree, and complaining of a severe pain "shooting" through the head. Had a wild, vacant stare, and when alone was almost constantly mumbling to himself—when spoken to would hesitate about answering, but after apparently deliberating or debating in his own mind whether to answer or not, all this time giving you a painfully vacant stare,

he would answer intelligently, and keep him talking, especially concerning his business, one would become impressed with the idea that nothing serious was the matter. But cease talking to him and he would lapse into a deep melancholic state, from which it was with difficulty he could be aroused.

He never called for anything to eat. In that respect he had to be looked after as much as a child; the same in regard to the calls of nature.

Partial paralysis now supervened, so that he was fast losing the use of one side, including the upper and lower extremity, and he daily grew more loud in his mutterings and grumblings.

As I could see no hope for his recovery there, I informed his friends that they had better take charge of his business, settle it up and take him to San Francisco, California, as possibly the change to that genial climate, with better facilities for treatment in some of the hospitals of that delightful city, might be beneficial to him. They carried out my suggestion, and accordingly left Idaho City about the 1st of October, arriving at San Francisco safely, where the patient lingered some weeks and died with total paralysis of both lower extremities, and himself perfectly insane. I am not aware that any post mortem was had, and do not know the condition of the brain at the time of death. There is no doubt in my mind that the brain was greatly affected, as the symptoms indicated. Why the violent pain in the head, at times almost unbearable, the vacant look, low delirium, all followed by paralysis, if the great nervous centre was not the seat of extensive lesion? And from what other cause came all this, but from syphilis first attacking the penis in form of a chancre?

Hospital Ships in Naval Actions.

The Peace Congress of Geneva has suggested that in all naval actions there should be certain ships devoted to the accommodation of the wounded, which, carrying a peculiar flag, should be exempted from fire, as are hospitals on shore. One of the difficulties of the project is to decide whether these ships should be in readiness to succor sinking crews, events which, in days of iron-clad encounters, will naturally be of more frequent occurrence than heretofore; or should they merely be stationed sufficiently near the action to afford hospital aid when wanted. The Berlin Congress have proposed that an international flag—a red cross on a yellow field—be adopted whenever succor is needed by a ship of any nation, and that assistance should be obligatory when asked for.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

Reported by Dr. Hadlock.

TRACHEOTOMY.

Professor Dauson presented the following case:—Gentlemen, I have here a pathological specimen of the larynx and trachea of a little boy (case of Dr. Little's, of this city,) who had on the 2nd of August the ordinary symptoms of croup, and treated in the usual way, emetics, etc. On the morning of the 3rd the symptoms were more severe, and the emetic was repeated. But toward evening the symptoms were of the gravest character. The face was swollen and livid, the eyes congested, widely opened and staring. Every muscle of the body was commotion in the efforts of the little sufferer to get more air into the lungs. At this juncture I opened the windpipe, and such was the relief, that in half a minute the patient lay as calm and quiet as a child of perfect health. All the bad symptoms at once disappeared, and he remained in this promising condition for fifty-two hours, when all the worst symptoms of croup reappeared and he died in a short time. The exudation had set in below the opening, as you can see from the specimen before you.

I have here another specimen of syphilitic excresence, about two inches long, in the shape of a cauliflower, which I removed from an old woman, fifty years of age. It occupied the place of the clitoris, and had all the appearances, when removed, of a beautiful flower. I may add that the vagina of the patient is perfectly occluded from disease.

NEW REMEDIES BY J. S. UNZIKER, M. D.

A New Anæsthetic.—Chloral (C_2 C_{l3} O H) the aldehyde of the trichloretted acetic acid, has been known to chemists for perhaps the last thirty years, but its valuable medicinal properties have so far been utterly overlooked. To the researches of Dr. Liebreich, of Berlin, we owe the knowledge of its value as an anæsthetic. Upon animals the injection has been used with the most satisfactory results; drowsiness comes on, and soon perfect stupor. The effect is mild and gradual, not the least sign of *stadium excitatorium*, so disagreeable in chloroform. This death-like stupor was prolonged according to the strength of the dose for eighteen hours; upon awaking the animal appears in full possession of its faculties, and at once feeds.—*St. Louis Medical and Surgical Journal.*

Oil of Sassafras; Its Influence Upon Tobacco and Other Narcotics.—In a "Treatise on Fever," by Dezine Thompson, of Nashville, Tennessee, it is stated, that the injurious effects of tobacco are speedily removed, and also prevented by this remedy, either by moistening the end of the

segar, or mixing the cut tobacco with sassafras bark. Mixed with a large dose of extract of Hyoscyamus it produced delightful sleep without unpleasant effects.

Might not the oil in hypodermic injection prove an excellent remedy against tobacco poisoning?

APOMORPHIA.—A new base recently produced as the joint discovery of Dr. MATTHIESSEN and Mr. Wright, of St. Bartholomews Hospital. The physiological effects of apomorphia are very different from those of morphia; a very small dose produces speedy vomiting and considerable depression, but this soon passes off, leaving no after ill effects; 1-10 of a grain hypodermically injected, or 1-4 of a grain taken by the mouth produces vomiting in from four to ten minutes. It is a non-irritant emetic, and powerful anti-stimulant.

Dr. U. here remarked that could this emetic property be extracted from the morphia it would be a great discovery and improvement; it would render the morphia much more agreeable to the stomach, (if it did not destroy its properties as a narcotic,) while we would gain a valuable emetic in the apomorphia.

REMEDY FOR CARIOUS TEETH.—Nitric ether and sulphate of alumina are mixed so as to form a paste, which is applied to the cavity. It never occasions any inconvenience, the most violent toothache is promptly relieved, and after several applications, the affected tooth becomes insensible.

CARBOLIC ACID.—Dr. TESSIER, in the Mauritius, injected under the skin a solution of 3-4 of a grain dissolved in twenty minims of water, for the cure of virulent intermittent fever. The patients were rapidly cured, and the spread of the pestilence arrested. —*London Chemical News.*

POTASSÆ CHLORAS.—At the Rudolph Hospital, Vienna, this remedy has been used by enema in cases of dysentery with excellent results; blood ceased to appear in the dejections after the first clysma. They used potas. chlor. ℈j. ad. aquæ distil. ℥ij.

SAMBUCUS CANADENSIS.—A number of cases given by Dr. R. MACNUT, of Marshall, Missouri, in the *American Journal of Medical Sciences*, show conclusively the theraputic value of this remedy in albuminuria. The inner bark of the common elder is to be steeped in hard cider, and used in ounce doses three or four times daily. The improvement in a few days was quite marked, and recovery in all the cases has been complete.

ANTI-GALACTIC.

℞. Ext. belladonæ, ℥j.
Spir. camphor. ol. olivar. opt. aa., ℥j. M.

A little of this mixture rubbed over the breast twice daily, will soon suspend its secretory action.

PHARMACEUTICAL.

Professor Liebig has again given to the world a new preparation called "Liebig's Food in Soluble Form" as a substitute for mother's milk. It is prepared at the laboratory of J. Paul Liebe, of Dresden, Germany, who had the kindness to send me a sample for inspection. The preparation has the consistency of thick honey, and I take pleasure in laying the same before the academy on this evening, both in its natural state, and also mixed by me, as directed, ready for use. This food greatly differs from that formerly sold here in powder form, called *chemical food*, for its being entirely soluble in milk, or milk and water, without cooking; whereas the other has to be cooked, and from our experience, here, did not agree as well with the children as the soluble is said to do. The latter now has entirely taken the place of the former, and from late accounts seems to take well in Europe. It is especially recommended to anemic children, and such as receive either insufficient, or no nourishment at all from the breast.

The *Wiener Medical Wochenschrift*, No. 38, 1869, says:

1. This food in a soluble form is prepared in vacuum, is always a uniform and excellent nourishment, that only contains the soluble protein principles of the plant.

2. The preparation is free from all traces of malt residues, against the presence of which Liebig so urgently cautions.

3. The soup is at any moment, by day or night, instantly prepared and ready for use.

4. This soluble food is unchangeable for months.

5. The soup made thereof contains according to analysis, the value in nutriment of mother's milk.

MEETING OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

The annual Convention of this body took place in Chicago lately, and after a very interesting session of four days adjourned on the 10th inst., to meet next in Baltimore. The delegates were composed of some of the most distinguished chemists and pharmaceutists in America. It is usual to have an exposition connected with the Convention. It embodies this year a very fine collection of chemicals, pharmaceutical and chemical apparatus and appliances, paints, colors, instruments, soda water apparatus, crude drugs, &c. Most European countries had also specimens on exhibition, and the large chemical manufactories and laboratories of this country were well represented, eighty different firms had samples there. Philadelphia as usual taking the lead, and Chicago came next.

On the third evening a rich and intellectual treat was provided by Mr. S. A. Briggs, at the Academy of Science. The rooms were lavishly illuminated, a number of green covered tables being set out, upon each of which were placed various excellent microscopes. A set of drop lights on each table furnished the necessary light. From an early hour each instrument was surrounded by an eager crowd of *sa-*

vants and amateurs. There were many fine objects and highly finished instruments. There were fifty-eight exhibitors of instruments, quite a number of whom were medical men.

The meeting proved quite a success, and no doubt all went home well pleased with what they had seen and learned. The bill for the regulation of the practice of pharmacy, so much needed now, was ordered printed in pamphlet form, and a number of copies to be sent to the legislature of every State. We hope they will pass them, and thereby confer a blessing to the people.

The above paper will appear in full in the Cincinnati *Lancet and Observer* for October.

Editorial Department.

Periscope.

Remarkable Case of a Foreign Body in the Bladder, and its Removal by Perineal Section.

Dr. A. Pamard, chief surgeon of Hotel-Dieu, of Avignon, in the *Bulletin General de Therapeutique Medicale et Chirurgicale*, gives the following remarkable case:

A man 48 years of age, presenting the physical appearance of a man addicted to masturbation, was admitted into the hospital. The man said he had introduced into the urethra a watch-spring. An examination showed his urethra much dilated so that it admitted easily the point of the little finger. A large sound was introduced, and encountered at the membranous portion of the urethra, beneath the arch of the pubis, a foreign body. Chloroform was given the patient, and he was placed in the position for lithotomy. Guided by the point of the sound, an incision was made in the median line of the perineum, four centimetres long, which was afterwards enlarged in a grooved direction. With a pair of forceps the watch spring was seized and removed; it was twenty centimetres long, one millimetre and a quarter broad, and a tenth of a millimetre thick, and doubled upon itself with the "bright" or middle portion occupying the neck of the bladder, and the two ends projecting into the urethra. This position and shape of the spring was explained by the man, who, in order to excite erections and pleasurable sensations, no longer obtainable by titillation, was accustomed to push foreign bodies into the urethra, and to remove them used the watch spring bent into a loop. He put in the urethra one day a "clove of garlic," and while endeavoring to fish it out the spring slipped from his fingers and beyond his reach.

The surgeon, the same day, when he had learned from the patient that the clove of garlic was in the bladder, a fact not communicated by him until the watch spring had been removed and he had recovered from the effects of the chloroform, enlarged the incision, without, however, cutting into either the prostate or the neck of the bladder. The capacious urethra enabled the surgeon to introduce his finger easily into the bladder and feel the "clove of garlic," which was fished out with a curette, and measured twenty-five millimetres long and fifteen millimetres in its greatest breadth.

Some inflammatory action involved the perineum and scrotum, but in a few days it disappeared, and the patient made a happy recovery.

Pemphigus in the Form of an Intermittent Fever.

The *Dutch Archives of Medical and Physical Science* contains an article on this subject by Dr. Van Dierin, translated in the *Dublin Quarterly Journal of Medical Science*. The case he describes thus:

On the 19th of July I was sent for to see the child of L. S., farmer, aged two years, which had already been three days ill. I found a considerable elevation of temperature (104° F.,) quickness of pulse (120°) and dryness of the tongue. The child was raving, and had, from time to time, convulsive twitchings in the arms and legs. But what struck me most were vesicles on the face as large as beans, exactly resembling vesications produced by a burn, and visible on no other part of the body. My first inquiry was whether the child had burned itself. But the mother assured me that nothing of the kind had happened, as the child had already been for three days confined to bed, and the vesicles had not appeared until the middle of the day on which I was sent for. The child was, moreover, as she told me, not annoyed by the erysipelas, though the spasms, which she had observed also on the previous day, distressed her. On further inquiry, I found that the child was more lively in the morning, and that she had then an inclination to play, though not as formerly. Her appetite was quite gone, and her bowels regular. She was always worse in the afternoon—drank much; and these symptoms had gone on increasing from day to day. The child, the youngest of five healthy children, appeared in good

condition, and up to the present time had always been in good health. The father and mother are free from syphilis. I therefore diagnosed pemphigus, and to this cutaneous disease I ascribed the feverish symptoms. The vesicles were filled with clear fluid, and the surrounding red areola was distinctly perceptible. They were scattered, to the number of eight, over the face, and two of these were half on the hairy part of the forehead. I prescribed cold to the head, rest, and a mixture with nitre. On the following morning I visited the little patient, and found a complete change: the child was in good spirits, and had taken a little milk; the temperature was normal, as was the pulse, and the tongue was moist. The vesicles had all burst, and some were already dried—some had been scratched by the child, so that the red and moist skin, stripped of its epidermis, was still visible. In the afternoon I was again summoned, as the child was still worse than on the previous days. I then found the temperature once more elevated, the pulse accelerated, convulsions and delirium had supervened, but there were now no pemphigus-vesicles on the face, though there were some of the same size and form on the backs of the hands and of the forearms. The affection followed the same course as on the preceding day. On the following morning the temperature was again normal; some vesicles had burst; most of them, however, were still present. The distinct intermissions in the elevated temperature led me to try the sulphate of quinia. Two grains were taken by the child before midday, and when I returned in the afternoon I found her free from fever—nor from that time were any fresh pemphigus-vesicles seen. The contents of those which still remained were turbid; the others had dried into a crust. On the following morning, the 21st of July, the child was perfectly well, having once more taken the same dose of quinia, and she was soon restored to her usual state.

Non-syphilitic pemphigus is a rare disease, especially in young children, and its course is not always equally favorable. Writers have distinguished an acute and a chronic pemphigus. The former is the more favorable, the latter is often fatal. Acute pemphigus, also called the benign, occurs still more rarely than chronic pemphigus. It is always accompanied by fever, at one time slighter, at another more severe. The disease usually lasts from two to four weeks, accordingly as the eruptions of vesicles are more or less numerous, and it almost always terminates spontaneously in recovery. The chronic variety commences in general without any remarkable concomitant symptoms, and, while sometimes for months together one formation of vesicle follows another, it is only at the end of the disease that fever supervenes, by which the gradual exhaustion and approaching death are accelerated. Such is the ordinary course of pemphigus. Cases of an acute nature have lately been described by Mosler and Steffen, and also by Thomas in the *Archiv fur Heilkunde*, (4 *Heft.* 9 *Jahrgang*, 1868). The case observed by me differs somewhat from the ordinary course, inasmuch as it exhibited a distinct type of complicated intermittent fever, and as recovery rapidly followed the administration of quinia. In one point of view, however, I found a striking analogy, namely, the elevated temperature, which was observed also by the above-named writers at the time of the eruption of the vesicles.

Hydrocephalus.

Dr. P. F. Eve, in the St. Louis Medical Society, made some remarks in regard to a case of hydrocephalus to which he had recently been called in consultation. The patient, thirteen months old, was the child of a physician. There was no impairment of the intellectual faculties, and all the functions were well performed. The head was twenty-eight and a half inches in circumference and twenty-four from one auditorius externus to the other. The distension was greater on one side than the other, causing much distortion of the features. Diuretics and mercurials had been used without diminishing or arresting the accumulation. Concluding that medicine would afford no relief, the propriety of tapping was considered. Nelaton, he said, attributes the excessive secretion to the thickening of the thecæ of the cord, and recommends tapping, little by little, and supporting treatment. In this case he (Dr. E.) had recommended that tapping in this manner should be resorted to, if convulsive symptoms manifested themselves.

He also mentioned a case he had seen several years since, of an individual sixteen years old, whose head was three feet in circumference, and also referred to a cranium he had seen of a hydrocephalous individual in which there were over four hundred ossa Wormiana.

The Climate of Pau.

This favorite health resort is described by Dr. Whipple in the Boston *Medical and Surgical Journal*. He says of its climatic character:

Now for what many will regard as the most important point of all—the climate of Pau. If we take the word of some who have written about it, it is the climate we may expect to find in Paradise. If we listen to some one who has spent a rainy week there only, looking in vain from the Castle Terrace or the Palace Royale for the white peaks of the mountains which he is told lie just over the river, and seeing Pau only from its muddy streets or his hotel window, we shall wonder that any one ever left the shadow of the State House to encounter the wretched climate and dull stupidity of Pau. *Medio tutissimus ibis.* One will have to go farther than Pau to find a perfect climate, and one might go very

far, too, and find no better. During the season of 1866–7 there were but seven days of what any one could call cold weather. About the middle af January came a fall of snow, perhaps six inches—very unusual for Pau—and for nearly a week the ground was slightly frozen every night. This was all the winter we had. The rest of the season, even invalids scarcely had need of a top-coat.

The season of 1866–68 was a very rare one, the coldest since 1831, and the suffering among the poorer class of natives, who have almost no provision for artificial heat in their houses, was extreme. The mercury fell one night as low as 19° (Fahrenheit,) and several nights at intervals during the winter as low as 25°. But this did not seem very rigorous to one accustomed to an American winter, especially as the weather was brighter than usual, and, as usual, there was no wind.

From October, 1868, to the end of February, 1869, the temperature was like that of our best New England October weather, and the sun was obscured for scarcely a single day. Then came three weeks of rain, with frequent snow-squalls, which made everybody forget the fine weather just passed.

There is always a good deal of rain; but, in spite of it, the place is not damp. The situation of the town and the nature of the soil is such that the water very soon leaves the surface, and there is nowhere about the town any standing water. I used to find that my tobacco, left out in a room where the sun never shown, got so dry at the end of a few days that I could not smoke it. Even when it does rain, it is rare that an invalid, properly protected, cannot keep out of doors; for the air is almost invariably milder during a fall of rain than on the bright days. When the sun does shine, the brightness of the day makes one forget that he has ever seen any other weather. There is an indescribable charm in a sunny winter day at Pau which I have never seen equalled elsewhere.

About the city there is ordinarily almost no wind, and it is extremely rare—not more than three or four times in a season—that the wind is strong enough to be disagreeable to the most sensitive throat or lungs.

Nævus Cured by Injection of Carbolic Acid.

Mr. Potter exhibited to his class a child named Margaret B., aged 10 months, who had been received into hospital about six weeks previously, for the treatment of a large nævus, situated on the lower part of the forehead, immediataly above the nose. It was venous in character, and when first seen was circular in form and as large as half-a-crown, projecting forwards considerably. He resolved to attempt its solidification and cure by the injection of carbolic acid, and accordingly two minims of pure acid were introduced into the nævus by means of a hypodermic syringe. Such inflammation as followed having been allowed to subside, the operation was repeated, seven times in all, an interval of several days being permitted between each injection. No untoward consequences took place; the skin was not injured; and now, after the seventh operation, the mass had become solidified, and would in due time be absorbed. —*Medical Press and Circular.*

Pathology of Tuberculosis.

Dr. Sanderson, said in a paper read before the British Medical Association, Virchow has shown that the morbid growths which occur in the organs of persons affected with tuberculous diseases are not characterised by the form or size of the corpuscles, so much as by the interstitial reticulum by which they are held together, and by the relation of the morbid growth to the connective tissue and blood vessels of the affected part; and, further, that there is nothing in the anatomical structure of a tuberculous growth which is exclusively peculiar to itself; for tubercle, considered anatomically, is but one member of a numerous class of morbid products (called by him lymphomas), in all of which the same corpuscles and the same stroma are met with. In short, there are no peculiarities by which any given specimen of tuberculous material can be determined to be tuberculous. Its character depends, not on what it is either chemically or structurally, but on the changes it undergoes, and its relation to existing structures. Phthisis cannot at present be better defined anatomically than by saying that it consists in lobular consolidation of one or both lungs, followed by gradual disintegration of the consolidated parts. The most important question in the pathological anatomy of the disease is that of the nature of the consolidation. On this point, the author held that it is not possible to distinguish the induration of phthisis from that of chronic lobular pneumonia, so far as relates to the anatomical characters of the indurative process. Again, the same characters are met with in the lobular pneumonia which results from inoculation, as in phthisis. In either case, the induration is due partly to the thickening of the framework of the organ by the interstitial growth of adenoid tissue, partly to the choking up of the alveoli with catarrhal products. With reference to the etiology of phthisis, the author considered that the origin of tuberculous disease may generally be traced to one of two agencies; viz., to a constitutional liability or predisposition, of the nature of which we are at present entirely ignorant; or to the influence of prolonged local irritation. With reference to pulmonary consumption, he held that chronic bronchitis, chronic catarrhal pneumonia, and phthisis, cannot be separated from each other by definite lines; and that many cases of phthisis originated from bronchial catarrh. In accounting for the development and widely spread distribution of tuberculous disease in the body, great stress is laid on infection

—*i. e.*, the fact that any chronic induration of an organ, if it last long enough unresolved, has a tendency to produce similar indurations elsewhere, not only in adjacent, but in distant organs. The way in which this happens we learn by the study of artificial tuberculosis. Its reality is exemplified in almost every case of phthisis. In conclusion, DR. SANDERSON expressed the opinion that the doctrine of specificity had exercised a sinister influence on the treatment of phthisis and the management of phthisical patients; for it had led men to forget that consumption is influenced by the ordinary causes of inflammation, not only in its origin, but in each step of its progress; and that one most important aim in treatment ought to be to counteract this influence. For this reason, he considered that the treatment of consumptive persons in hospitals for long periods was a great misapplication of the resources of philanthropy. These resources can only be rendered fully available for the purposes for which they are intended by a complete reversal of the present plan of administration. In the first place, no patient should he kept in hospital on the mere ground of his being consumptive, irrespectively of his constitutional state; and, secondly, much greater facilities ought to be given to the poor than exist at present for their immediate admission into hospital whenever suffering from acute pulmonary disease, whether primary, or supervening in the course of chronic phthisis.

Animal Vaccination.

This subject is exciting much interest in England. The pros and cons will be seen from the following abstracts of the proceedings of the British Medical Association:

Dr. BLANC included his remarks, on animal vaccination, in five propositions. 1. The healthy heifer, inoculated with fine spontaneous cow-pox, supplies a vaccine lymph, free from all morbid and diathetic principles. The most distinguished veterinary surgeons had years ago stated that calves were not liable to any diathetic disease, nor to the spontaneous development of any infectious disease. On the other hand, though vaccination in the ordinary mode, if performed with proper care, was harmless, the transmission of disease by it, under certain circumstances was an acknowledged fact. 2. Spontaneous cow-pox transmitted through the bovine race is more active, more lasting in its effects, and more likely than humanised lymph to create a perfect immunity. in support of this proposition, Dr. Blanc adduced evidence from the writings of Jenner, Dr. E. Ballard, Mr. Marson, Dr. Seaton, etc., to show the increasing susceptibility to small-pox, and the increasing fatality from the disease; and he drew the following inferences: *a.* Direct inoculation from the cow is, according to the testimony of Jenner and others, a most perfect and lasting protection against small-pox. *b.* A few cases of post-vaccinal small-pox were noticed as soon as natural animal vaccination was superseded by the use of humanised lymph; but they were still rare for the following reasons: greater activity of the lymph, not having as yet undergone many transmissions; and the short time since vaccination was performed. *c.* From perfect immunity in those inoculated with spontaneous cow-pox, we arrive from a few rare occurrences to a small percentage, gradually but steadily increasing, until in 1864 it reached the very high average of 84 per cent. *d.* Among those protected by spontaneous cow-pox there is no fatality. 3. Spontaneous cow-pox, by being transmitted only through the bovine race, retains all its essential qualities. Cow-pox is a disease of the bovine race, as small pox is of the human race. Each of them, transmitted through the race to which it belongs, retains its own properties. 4. Vaccination direct from the heifer, offers all the characteristics of the cow-pox-vesicles, as described by Jenner, Ceely, Bosquet, etc., with such modifications only as are due to the passage of the lymph through young and healthy animals. The characters of vaccination with heifer's lymph were—rare activity, later development, a lengthened duration, and a well marked cicatrix. 5. By animal vaccination, we have always on hand an unlimited supply of good vaccine lymph. With one heifer five hundred persons can be vaccinated; with one heifer ten heifers can be inoculated; and, as it requires only five days for the vesicle to be ready for use, by animal vaccination, at six day's notice five thousand persons can be vaccinated; at twelve days' notice fifty thousand, and so on.

Mr. STEELE argued that animal vaccination—that is, the vaccination of the human subject direct from the heifer, as a substitute for, or auxillary infantile to arm-to-arm vaccination—is not necessary; and he added the following reasons: 1. Humanised vaccine lymph, when carefully selected and properly employed by arm-to-arm infantile vaccination, is as certain and complete a protection against small-pox as it is possible to confer; equal, in fact, to the protection afforded by small-pox itself. 2. Human vaccine lymph, when properly managed, does not degenerate nor lose any of its prophylactic power by a continued transit through successive subjects. 3. It is no proof that the vaccine lymph now in use has lost any of its original infective or protective power, to adduce the well-known fact that small-pox still appears among the population from time to time, and that much of the vaccination of this country—as much as fifty per cent., according to Her Majesty's Inspectors—has been found to be ineffective and of inferior quality. 4. The supply of human lymph afforded by the stations of the National Vaccine Establishment is abundant, continuous, and sufficient to meet the requirements of the public. 5. Human vaccine lymph is safer, more certain in its effects, and is in every respect more suitable for the purpose

than animal lymph. The question of the transmission of syphilis by vaccination, although maintained by many authorities, has been thoroughly and satisfactorily disposed of by Dr. Seaton.

Syphilis Treated by Carbolic Acid.

Holmes Coote, Esq., Surgeon to St. Bartholomew's Hospital, London, in the *Brit. Med. Journal*, gives the following successful treatment of the primary forms of Syphilis by the local application of carbolic acid.

Case I.—Emily K., aged 21, general servant, had a discharge from the vagina, with numerous mucous tubercles on the labia and inside of the thighs. On January 17th, 1868, carbolic acid lotion (gr. v to the ounce of water) was ordered. On February 7th, she was discharged, all the tubercles having disappeared. The period of treatment was three weeks. It was then determined to employ a much stronger solution.

Case II.—Jane P., aged 19. This case was similar to the former; but the tubercles were more numerous and larger. On January 21st, a lotion composed of carbolic acid and water, equal parts, was ordered to be applied by means of a brush each day; and the usual carbolic acid lotion to be kept constantly applied to the parts. On February 2nd, the tubercles had entirely disappeared. In this case the period of treatment was twelve days.

Case III.—Catherine H., aged 20, had a discharge from the vagina, with a mass of mucous tubercles on the labia and upper part of the thighs, and around the anus. On January 24th, the strong lotion, consisting of equal parts of carbolic acid and water, was ordered to be painted on daily with a brush, as in the preceding case; the usual carbolic acid lotion to be constantly applied. On February 7th, the tubercles had almost entirely disappeared. The patient was nearly well. In this case, the period of treatment was fourteen days.

In all these cases, the pain was inconsiderable; nor was there any necessity for the use of surgical instruments, such as scissors, etc.

Imperforate Urethra in the Male.

W. R. Chew, M. D., of Jefferson, Texas, in a letter to the *Clinico-Medical and Pathological Reporter*, says:

I was kindly invited by my friend, Dr. W. H. Witherspoon, to visit with him a patient he had been called to see the night previous. At the time of our visit, the child was about thirty-six hours old, and had not passed any water from the bladder. Upon examination we found the child well formed, the external genitals fully developed, but no appearance of a urethral canal or meatus. At first it was supposed there might be a communication between the bladder and rectum through which the urine passed off. That idea was abandoned, as no evidence of such a passage was discovered after a careful examination.

The bladder being considerably distended, the safety of the child required that something should be done. A slight indentation being discovered at the end of the penis, where the meatus ought to have been, we determined on making an artifical canal as far into the organ as prudence would justify. Accordingly, with an instrument suited to the purpose, a canal was made about half an inch in length. Means were used to prevent the closing up of what had been done, and the patient left till our next visit, when the canal would be further extended toward the bladder. No further aid, however, was necessary. The next visit revealed the gratifying fact that the urine had found its way to the outlet partially made, the bladder completely emptied, and the child doing as well apparently as if all had been right from the birth.

From the time of the operation to the present, now six weeks, our patient has been perfectly healthy and vigorous.

The Bichloride of Methylene.

We are informed, says the *British Medical Journal*, that two cases have occurred during the last fortnight at the Moorfields Ophthalmic Hospital, in which the inhalation of the bichloride of methylene caused alarming symptoms. In each the symptoms consisted in sudden syncope, and in each they passed wholly and quickly off under appropriate treatment. In each the patient was a young child (in one an infant), and it is suggested that perhaps this agent may be less safe in very young subjects than in adults. The bichloride has of late been extensively used at Moorfields Hospital, its peculiarities of rapid effect and rapidity in passing off, and the seldomness with which it causes sickness, have great value in operations on the eye. The patients are rarely more than a minute before the operation may be commenced; and after its completion they usually wake up at once, and are able to walk away as soon as the bandages are adjusted. In these respects the contrast between it and chloroform is very great. It is less adapted for prolonged operations.

A Peripatetic Oculist.

A certain "oculist," whose advertisements have for some time disappeared from the columns of our newspapers, is, we perceive, patronizing the newspapers of New Haven, Connecticut, just now. The "university" in which he occupies the chair of opthalmic (sic!) and aural surgery, must not be confounded with the real university in this city, but is an irregular concern which gulps down all the isms and pathies—*any thing* that will bring grist to its mill—and *such* grist!

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 2, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared,* so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

LIFE INSURANCE COMPANIES.

Physicians are brought, by their professional relations, into close contact with companies organized for the insurance of lives, and have much brought to their notice, in reference to this popular method of investment, which escapes the public. It is to be regretted that this intimate knowledge does *not* increase faith in such institutions. In only too many cases, the transactions are fraudulent to an alarming degree.

Thus the agent of the company is always anxious to pass every applicant. He gets his commission only if the applicant is a "good risk." The decision of this rests with the medical examiner. Consequently the agent brings all the influence he can upon the physician to warp and control the latter's judgment. If the physician is rigid in his examinations, the agent either has him discharged, or seeks excuses to have his "risks" examined by some more pliant man. He has them passed by some medical friend less conscientious or less intelligent. In this way thousands of lives are insured annually which ought never to be accepted.

Next, when the applicant is insured, his policy is forfeited unless the premiums are paid. Half the time he is not notified that the premiums are due, and thus a natural oversight causes the total loss of his hard-earned savings. This, on the part of the company, is nothing but bare-faced swindling, and should be prohibited by law. Such cases are of constant occurrence, and, as no one can foresee what straits he may be in, it constitutes a serious objection to the whole method of Life Insurance.

Another injustice constantly exercised against the insured is the use of Life Tables, which do not correctly represent the present chances of life. Statistics prove that the duration of human life has been extended within the past half century, and that the Carlyle tables, very accurately computed for the English nation at the time, do not do justice to American longevity.

The mere financial view of the question is one which concerns us less. Yet we cannot but call attention to the fact that, in the recent failure of an old-established English company, it was shown that the older a company is the greater is the drain upon it by payments, and, as a rule, the wilder and more reckless, or more inefficient is its management. In nearly every such company, long security breeds rashness, and a system of nepotism grows up, which places in responsible positions men who have no other fitness than being a near relative of the President or a Director.

New companies, on the other hand, are equally uncertain. The Directors are often irresponsible men, their agents are unscrupulous, they spend immense sums in advertising, and they lack the elements of stability. We know a company, recently started, and widely advertised, who pay 50 per cent. commission to agents. This no company can honestly afford to do. Another has put at once one hundred thousand dollars in advertising. This is doubtless good as a business investment, and we mention it only to illustrate the desperate competition which is prevalent, and which must force the weaker companies to the wall.

When an insured person dies, a certificate is filled by the family physician. The latter dares not state the true nature of the disease,

when, by so doing, the widow or heirs will lose the insurance. He, therefore, puts down delirium tremens as inflammation of the brain, (we personally know this to have been done), or suicide by arsenic, acute gastritis. Thus a fraud is perpetrated on the company.

In fact, the system of Life Assurance, as at present generally organized, is rotten to the core, and most of the companies will ruin themselves and those who trust them.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 25.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form

Treatment of Diabetes.

William Aitken, M. D., Edinburg.

The whole *materia medica* has been exhausted in search of a remedy for this disease. It may be said nearly every patient dies whose treatment is left entirely to drugs. A full and generous diet is unquestionably useful in these cases; but the patient soon gets disgusted with mutton or beef, or both, for breakfast, dinner and supper; he consequently nauseates a meat diet and abandons it altogether. A diet of salt fish has been attempted, but the patient in a short time so loathes it that it has to be given up. A mixed diet, therefore, if contraindicated by some theories is at least the best to adopt in practice, if only regulated and aided by other means. It will be evident, however, that vegetables which contain a large quantity of saccharine matter should be avoided in some degree, as potatoes, grapes or other very ripe fruit, and *a fortiori*, sugar itself. That meat and eggs may be taken, if biliary derangement is not induced by them, and fish is a most important article with which to vary the monotony of the dietory. Milk also may be indulged in occasionally, as it is not found that the sugar it contains is readily converted into glucose. Its influence, however, requires watching. It should be combined with half its bulk of lime-water, or be used in the form of buttermilk. If it be found desirable or necessary to employ alcoholic drinks, a selection should be made from those wines and spirits which are freest from sugar. Of these, clarets may be chemically considered the best, then Burgundy. The so-called "fruit wines" must be interdicted, and of all alcoholic beverages, *weak* brandy and water is the safest. The amount of brandy should always be *measured*. A teaspoonful in a tumblerful of water is generally sufficient for an ordinary dinner drink. No diabetic need expect to recover or continue well who cannot exercise self-control, and make up his mind to be temperate *in all things*. Tea and coffee without sugar may be permitted. If cocoa agree it may be taken prepared *from the nibs only*. When soups are allowed they ought to be really good, and flavored with aromatics or onions, to the exclusion of carrots, turnips and peas. They may be thickened with some bran *finely* powdered. Pickles in small quantities may be permitted to convalescents. Lettuces agree well when eaten sparingly with oil and vinegar, or with a little salt only, if the vinegar is likely to disagree.

The great value of *bran cakes* as a substitute for bread in cases of diabetes, has now been established by the experience of so many individuals that its use ought to be insisted upon. The bran should be *thoroughly washed*, so that it may be as far from starch as possible, and *finely powdered*, so that it may not irritate the susceptible muscous membrane of the intestines.

A. Bouchardat, Prof. of Hygiene to the Faculty of Medicine, Paris, etd.

Our author has proved by the comparison of the articles of food, which a diabetic may take without prejudice, that it is quite possible to keep up a sufficient degree of variety in the character of the meals. The list of articles which it permits is about as follows: All sorts of meats roasted, stewed and even dressed with spices, but not with flour; fresh water fish and marine fish, in eating which the want of bread is less felt than in eating meat; oysters, muscles, crabs, lobsters, etc.; eggs in all the forms known to the culinary art; rich, good cream, but no milk; of the vegetable, spinach, artichokes, asparagus, green beans, the different varieties of cabbage; of the salads, water cresses, endives, lettuce; of fruits, strawberries and peaches. Although the loss of sugar is augmented by very free supply of liquid, and decreased by a privation of it, yet it is not advisable to forbid the patient to quench his thirst.

Thomas King Chambers, M. D., etc., London.

224. ℞. Pulveris opii, gr. j.
In pill; to be taken every night.

In some cases opium seems to diminish the secre-

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

tion of water, and our author has never distinctly traced any harm to its action. Cinchona, however, which, like opium, lessens the flow of urine, has, in Dr. C's hands, produced coma and death. He, therefore, shuns it, even when he wishes to give tonics to increase the appetite. He prefers iron and strychnine.

225. ℞. Potassii iodidi, gr. viij.
Aquæ, f.℥ss.

For one dose, three times a day.

This drug was prescribed on purely empirical grounds. During its administration the patient continued to gain weight and strength, and did not exhibit any of the usual symptoms of intoxication by iodine.

Patients may drink as much as they feel disposed for; the gratification of the thirst provides the normal outlet for the abnormal constituent of the blood.

J. M. Da Costa, M. D.

226. ℞. Pulveris opii, gr. ½.

For one pill, ter die.

The opium treatment, Dr. Da Costa has found to be productive of the most good in his hands. He cannot explain the rationale, but he does know that it has the most influence in lessening the thirst, the excretion of sugar and the general waste of flesh. The only objection to its use is the risk which is run of accustoming the patient to taking this powerful drug.

227. ℞. Potassæ permanganatis, gr. ¼.
Aquæ distillatæ, f.℥ij.

For one dose ter die.

This remedy Dr. De C. employed a few years ago, but not with very satisfactory results.

228. ℞. Ammoniæ carbonatis, gr. x–xx.
Aquæ cinnamoni, f.℥ss. M.

For one dose three or four times a day. This, in addition to a moderately restricted diet, forms a very good treatment.

229. ℞. Tr. ferri chloridi, gtt. xx–lx.

For one dose, in water, ter die. This will save a diabetic when nothing else proves of service. The pepsin and rennet treatments amount to nothing. Dr. Da Costa has tried them faithfully and merely lost time.

Diet.—Although substances containing a great deal of sugar, and still more those containing a great deal of starch—which is readily converted into sugar—are poisonous to diobetic patients, yet it is not advisable to place them on a strictly animal diet. Such a regimen is irksome in the extreme, and will not be followed out. After all it is not the saccharine substances which go into the body that cause diabetes; they merely add to it. It is simply impossible to avoid giving food capable of being converted into sugar.

Bran-bread is perfectly unobjectionable; but a small quantity of ordinary bread should be permitted. Cakes made from almond-flour are favorites with English physicians. Fruits should be interdicted and potatoes sparingly used.

Bran baths (two or three handsful of bran in the bath) are very serviceable in relieving the dryness of the skin, which is so troublesome.

230. ℞. Infusi cascarillæ Oj.

A wine-glassful three or four times a day. The use of this light bitter lessens the thirst. Of course, water must be allowed beside; but the infusion will take the place of a good deal of water.

Thomas Hawkes Tanner, M. D., F. L. S., London, etc.

231. ℞. Ferri ammoniæ citratis, ℥j.
Spiritus ammoniæ aromatici, f℥vj.
Potassæ bicarbonatis, ℥ij.
Infusi columbæ, qs. ad. f℥iij. M.

A tablespoonful to be taken twice a day, with one tablespoonful of lemon juice in a little water.

This recipe often proves very valuable. It should be taken for two or three weeks at a time, then discontinued, and recommenced according to the general strength.

232. ℞. Pulveris opii,
Quiniæ sulphatis, aa. gr. j.

For one pill, ter die. Useful in some cases.

233. ℞. Creosoti, ♏xx.
Pulveris aromatici, ℈iv.
Mucilaginis acaciæ, qs.

Fiat masse, in pilulas xx dividenda.

One to be taken three times a day.

It is believed that this remedy tends to check the conversion of the food into sugar.

The Neglect of the Insane.

Considerable excitement has recently been created in Poland, which extended to other parts of Europe, by the discovery in a Convent at Cracow of an insane Nun, Barbara Ubryk, in a miserable and filthy condition, caused by the ignorant treatment of the Lady Superior. The accumulated dirt of the cell of the Nun and her animal-like life, was excused on the ground of ignorance of the modern modes of treating insanity. In this country, however, it never was imagined that a similar discovery could be made, yet at Southold, Long Island, there is a man who, for eigteen years, has been living in a worse condition than Barbara Ubryk. This man, now thirty years of age, is the son of respectable parents, and exhibits his insanity principally by a refusal to wear clothing, On this account, at the age of twelve, he was sent to the poor-house, and has lived there ever since. At this place he is kept in a filthy enclosure resembling a pig-pen, with a little hut for his shelter in the corner. He will not wear clothing either in summer or winter, tearing off and eating every semblance of apparel that may be attempted to cover him with. His food consists of all kinds of refuse, which he greedily devours; and once a week he is led by a rope round his waist to a neighboring creek, and there rubbed down with a broom. The parents

of this unfortunate man are too poor to send him to a private asylum, and he is therefore treated in the barbarous way mentioned.

We have known instances even worse than this in the county houses of this State. No country can show more wretched human beings than the insane poor of some of the United States. No other subject in practical philanthropy is more urgent upon us than the care of these helpless creatures.

Library of the American Medical Association.

We are glad to learn that the excellent Library Committee of the American Medical Association is meeting with success in collecting books toward the formation of a great Medical Library in connection with the American Medical Association, which now has an abiding place at the capital of the country, where its archives can be deposited. The committee, which consists of Dr. ROBERT REYBURN, Librarian, and Dr. JOSEPH M. TOUER, have already collected about two hundred volumes. We suggest to our readers to make contributions to this collection. Anything sent to us for the purpose will be forwarded.

The Reporter as an Advertising Medium.

A correspondent, who has for several months past been advertising in the REPORTER, and who advertizes extensively in the medical journals, writes: "An advertisement in your REPORTER is worth more to me than any dozen others." In view of our very extended and rapidly growing circulation, it could not be otherwise. There is no medium through which the medical profession can be reached that is to be compared to the REPORTER.

Insane Convicts.

We find the following item in a New York paper:

William Wilson, Henry Wonder, Felix Sanchez (who murdered his father-in-law several years ago in the upper part of this city), Eugene Russell, James Murray and Henry Smith, all of whom served a greater or less time in the State Prison, at Sing Sing, were brought before Justice Dowling yesterday at the Tombs. They had all been pronounced confirmed lunatics by the Surgeon of the Prison, and Prison, and some of them had remained in the State Lunatic Asylum until the expiration of their term of sentence. Smith, who had served 12½ years, was pronounced by the Surgeon of the Tombs Prison to be sane, and was therefore diecharged. The others were sent to the Lunatic Asylum on Blackwall's Island.

The State of New York has a magnificent Asylum for insane convicts at Auburn. Why were not these insane convicts sent to that institution? Each State should have asylums for insane convicts, where they should receive every care and attention with a view to their recovery, entirely separated from penal institutions.

"Chock Full of Lightning!"

A correspondent on the wing in one of our western States, gives the following as an illustration of the ignorance of some practitioners in the West. He says: I was invited home to dine one day by a regular M. D., a graduate of a Cincinnati college, who is doing a large business, and is worth perhaps $10.-000. In the course of our conversation he mentioned the fact of his having lately been called to see a woman who had been struck by lightning, after stating his treatment in the case, he said that the results had not been satisfactory, and that if called to see a similar case again, he would pursue a different course. I asked him what that would be. Said he, "I would wrap her in a wet sheet to draw the lightning out of her!" "Why," said he, "she chock full of lightning yit, you can see it run down her legs and arms every now and then, and she can feel it shootin' through her body." Now if I had wrapped her up in a wet sheet, the lightning would all have been drawn out, and she would been got well sooner." In answer to all my explanations of the laws of electricity, his reply was, that "he didn't keer for equilibriums or any thing else, *he* knew she was chock full of lightnin' any how." This case is true in every particular, and the man has a diploma from a regular medical school, and *one* of the first in this country.

An Excellent Utensil.

The value of good coffee and tea is appreciated by every one who has had the good fortune to taste them. Hitherto this fortune has been a rarity in this country, but now, we are happy to say, it is put within the reach of all by the admirable invention of M. LABIAUX. This consists in a felt filter, into which the tea or ground coffee is placed, and the inspiring beverage made by a process of percolation. The idea is a most successful one, and nothing can be easier or more satisfactory.

Another article of equal value is the enamel-lined, fire-proof bottomed, silver-plated, pots of Manning, Bowman & Co., Middletown, Conn. They are the most elegant, useful, and convenient utensils of the kind we have seen, and are furnished with Mr. Labiaux's filters. We heartily recommend both these utensils to our housekueping readers, and assure them they will not be disappointed.

More about Carbolic Acid.

A correspondent of that excellent paper, *The Country Gentleman*, speaking of the disinfectant qualities of carbolic acid, combined with soap-making materials, and its usefulness in privies, kitchen,

sinks, etc., and in the treatment of unhealthy wounds, sores, etc., says:

I am prepared with this to fight any bad smell, assured of victory. The peculiar odor of the acid is not permanent, but soon passes off by evaporation leaving cleanliness behind. To most persons the odor itself is not objectionable.

In addition to the above uses, I find that it is very efficacious in banishing insect pests. Fleas have forsaken their haunts in the hair of a pet dog, after washing him with carbolic soap. Hen-lice have been banished from my poultry house by the same means. Several cases of mange in animals of my acquaintance, have been cured by it; that disease, as is well known, being caused by an insect similar to the itch insect. Bed bugs and ants will not abide in the neighborhood. In short, from actual trial, I believe the makers of this soap have justly earned the eternal hate of most of the creeping and biting things that afflict the human and other races, and that no bad odor can attach to their memory while embalmed in carbolic soap.

The American Pharmaceutical Association.

This body met in Chicago on the 17th of September. A Committee appointed for the purpose submitted a printed bill to the Association, for the consideration of the members, to be presented to the Legislatures of the several States for adoption. This bill, it will be seen from the following outline, contains some remarkable features. The preamble provides that,

Whereas, The safety and welfare of the public are endangered by the sale of poisons by unqualified or ignorant persons; and *whereas*, in all civilized countries, it is found necessary to restrict this species of traffic, and to provide by law for the regulation of the delicate and responsible business of compounding and dispensing the powerful agents used in medicines; and *whereas*, the adulteration and sophistication of drugs and medicines is a species of fraud, which should be prevented and suitably punished; therefore,

Be it enacted, First, that medicines and poisons be dispensed only by registered pharmacists; second, that no person can become a registered pharmacist unless a graduate in pharmacy, or a practising pharmacist or assistant.

The third section is a definition of the term pharmacist; the fourth provides for the constitution of a Pharmaceutical Board, of which the Governor shall appoint seven members; the fifth describes the duties of the Board; the sixth provides for the appointment of a regular Registrar of Pharmacists; the seventh and eighth prescribe his duties; the ninth prescribes the penalties of collusion; the tenth gives the penalty of non-registration; the eleventh places restrictions on the sale of poisons; the twelfth proposes a dispensary of prescriptions, and the thirteenth prohibits the adulteration of medicines, and fixes a penalty. Appended thereto are the schedules and forms for the most complete carrying out of the bill.

The Case of Dr. Paul Schoeppe.

The Medical Association of the District of Columbia have adopted resolutions requesting Governor Geary to suspend the execution of the sentence of Dr. Paul Schoeppe, convicted at Carlisle, Pennsylvania, of the murder of Miss Stinnecke, on the ground that the chemical evidence was insufficient, and failed to prove satisfactorily the presence of hydrocyanic acid or any other poison in the stomach of the deceased.

Pharmaceutical Preparations.

Mr. FREDERICK BROWN, of Fifth and Chestnut streets, this city, one of our most accomplished pharmaceutists has shown us a very fine preparation, *Sirop d'Oranges Rouges de Malte*, prepared by DEJARDIN of Paris, and which is a very agreeable syrup to use as a vehicle for the exhibition of bromide of potassium and other remedies.

Mr. BROWN also prepares the *pure juice of the dandelion root*, which will often be found useful by the physician, and is a much better preparation than the extract.

Correspondence.

DOMESTIC.

Oil of Turpentine and Tapeworm.

EDS. MEDICAL AND SURGICAL REPORTER:

An article in your last issue on "Turpentine in the Treatment of Tapeworm," by Dr. KENNEDY, of Iowa, suggests the following communication:

That article extolled, and no doubt justly, the use of ol. terebinth. as a powerful and efficacious remedial agent in the affection alluded to. Beyond dispute the Doctor *was* successful in the cases reported; but his experience in this *large-dose* treatment has been limited—he only gives *three* cases.

With Dr. KENNEDY, I put little faith in pumpkin seeds, though at one time I fancied a specific for tapeworm had been found in the *oil* of the seeds. The fancy was illusory; the success transient.

A few years ago there was a *tapeworm Doctor* in this city, whether "regular," "irregular," or "defective" I cannot say. He claimed marvellous results from pure pumpkin seeds; but as far as I am informed, he never gave his results to the professional public. So I infer that he was not so successful as he thought.

As regards turpentine, I confess I would be afraid of the enormous dose given by Dr. KENNEDY, *combined* with ol. ricini. It appears to me it would be safer, and more in accordance with a strict rationale,

to *follow* in a few hours, the turpentine with the castor oil.

The ordinary dose of turpentine for tapeworm is ℥ss. twice a day, *to be continued for some time*, and even in this dose, trouble has occurred. Dr. KENNEDY may not have experienced any trouble with the cases coming under his treatment. Nevertheless, from such large doses of the terebinthinate, I would fear:

I. *Inflammation of the mucous surfaces.*

II. *Strangury*, (unless free catharsis was speedy.)

III. *Hæmaturia*, as has frequently occurred.

However, of my own knowledge, I can say nothing against the use of the oil as a remedy in tænia, and, for my part, am thankful to Dr. KENNEDY for his experience. The suggestions I have thrown out are intended simply to raise the question: Is it generally or always safe to administer such large doses of ol. terebinth. ?

While on this subject, I would respectfully call the attention of the profession to a treatment for the tape-worm, which many consider almost infallible. This treatment is good for both kinds of tape-worm —the tænia lata, as well as the tænia solium. I would state that this treatment is not original with me, but was communicated to me by my friend, Dr. Julius Patzki, of the U. S. Army. I have never seen it fail in a case; and Dr. Patzki, who has had a large experience, reports an universal success.

First. At bed-time administer the following cathartic powder:

℞ Pulv. potass. et Rhei, aa. grs. x.
Hydr. chlor. mit., grs. ij. M.
Chart. No. j.

The next morning, *after a decided catharsis*, and on an *empty* stomach give

℞ Kooso pulv., ℥iv.
Aquæ, f℥ iv. M.
Sig: *Take in a quarter of an hour's time, in three doses.*

The action is speedy, and we might reckon the danger as none—remembering that kooso even in large doses, has no further effect than in occasioning turning in the stomach and some subsequent and consequent vomiting.

According to Prof. G. B. Wood, "kooso appears to operate *exclusively* as a *poisou to the worms*."

As I have remarked, I have never seen a case fail, nor have I ever observed the slightest unpleasant effect following the administration of the remedies as given above. WM. MASON TURNER.

Constitutional Effects of Bromide of Potassium.

EDS. MED. AND SURG. REPORTER:

I notice, in your issue of Sept. 11th, 1869, some pertinent questions by Dr. FOREMAN, relative to the use of bromide of potassium in epilepsy. Most of them are so unequivocally answered by Dr. REYNOLDS, in his "System of Medicine," Vol. 2, ppl 968 9, that I quote the answers directly from hi note:

"The cure of epilepsy is effected by doses varying, for the adult, from five grains to forty grains, given three times daily.

"That it is not the mere administration of the drug, but its presence in certain quantities, that is necessary for a cure.

"That the dose which shall prove curative is *not determined* by either one of the following conditions: sex, age, duration of disease, frequency of attacks, severity of attack, or form of attack.

"That bromide of potassium does no harm, even when given in the largest doses I have mentioned, for it may be taken for many months, and even for years, without producing derangement of any sort, or in any direction.

"That the rash, or acne on the skin, which is occasionally seen, is not determined by the quantity of bromide that is taken. I have seen it after a few doses, of five grains each, have been administered; and it has been absent, in many cases, where thirty grains have been taken, three times daily, for periods of six, or even twelve months."

So far for REYNOLDS, and, apart from the individual peculiarities of patients, the above propositions have received a fair show of professional approval.

The late lamented Dr. C. B. BRAMAN reports, in the *Boston Medical and Surgical Journal*, the case "of a soldier, afflicted with chronic alcoholism, in whose case, on two separate occasion, I have noticed undoubted symptoms of severe gastric irritation from the administration of only forty grains of the bromide during the twenty-four hours." It was even given in divided doses.

I have now under observation a child not three years of age, a confirmed epileptic, afflicted until of late, as its mother avers, with a spasm almost every hour of the day. Under the use of the bromide the spasms have ceased to recur oftener than about once a week. To this child the full adult dose of Dr. BROWN-SEQUARD'S formula has been given for at least three months with the result of gradually diminishing the frequency of the attacks and without a single untoward symptom.

The formula, it is hardly necessary to add, is—

℞ Potass. Bromid., ℥vi.
Ammon. " ℥ij.
Potass. Bicarbo., grs. xv.
Tr. Calombæ, f℥ iss.
Aquæ, f℥ iij. M.
Teaspoonful before each meal. R.

Parturient Effects of Sulphate of Morphine.

EDITORS OF MEDICAL AND SURGICAL REPORTER.

I notice in the REPORTER, for Aug. 7th, an article from the pen of Professor H. L. BYRD, of Baltimore, in reference to the parturient effects of morphine, and, from the impression which the reading of that article made upon my mind, I am induced to

ask a small space in your journal that I may record a case confirming the position taken by Professor Byrd, in regard to the effects of that drug in parturition.

In December, 1865, was called to see, at 1 o'clock, P. M., Mrs. F., who was in labor with her second child; aged about twenty-five years, of a strong healthy constitution. She had been in labor with irregular pains since early in the morning. On my arrival I made an examination per vaginam—found the os dilated only sufficient to admit the end of the finger. I left my patient, telling the attendants to call me as soon as there was evidence that labor had fully set in. Accordingly at seven or eight o'clock in the evening, I was again summoned to see my patient and found, upon making a second vaginal examination, that labor had fully set in—the head presenting, and the os dilated to about the size of a twenty-five cent silver piece.

The friends of the patient were not willlng for me to leave her and return to my office, although but a short distance away, so about nine o'clock made another vaginal examination, but finding no perceptible advancement in the labor I concluded to retire—instructing the attendants to call me if needed. I soon fell into a sound sleep but awoke about two or three o'clock in the morning—got up and went into the room where my patient was, to see how she was getting along. Upon making another vaginal examination I found the os dilated to about the size of a fifty cent silver piece, otherwise there was no advancement in the labor, although the pains had been of good character up to about two hours previous to that time, when her sister, who was present, informed me that the pains grew less in frequency and of less force.

She seemed to be tired and exhausted, having been in labor nearly twenty-four hours, and as I looked upon the labor as going to be a tedious one, I made two powders, containing what I supposed was about one-fourth or one-third of a grain of Sulphate of Morphine each—with directions to give one immediately, and if needed to produce rest give the other in one hour—keep the room dark and quiet, that she might, if possible, get some rest and sleep, by which the exhausted powers of nature, to an extent, would be restored and her labor brought to a speedy conclusion.

With the above directions I went again to my room and laid down. I had not been there more than a half or three-quarters of an hour when one of the attendants excitedly rushed into my room and said they needed me immediately. In a moment I was at the bedside of my patient, and, introducing my hand under the cover along up the thighs to the rubra, I found the head of the child already in the world. In a moment longer it was born; the placenta came readily away, the uterus contracted down well and in a few days my patient was enjoying her usual good health.

Such is the history of a case about which I have thought a great deal, and have been puzzled to know, or explain, how delivery could take place so suddenly, when there was no further advancement in labor, and when, to me, every symptom present indicated a long and tedious labor.

I have often thought that, being young in obstetric practice, I had not been able to discern the symptoms present sufficiently minute to correctly form a prognosis of the case.

But since reading Professor Byrd's article, above referred to, I am inclined to believe that the effects of the morphine administered on that occasion, caused the speedy termination of the labor. I am aware that the effects of a medicine in *one* case does not settle a therapeutic fact, but Professor Byrd says he has had dozens of cases in which he has tested the effects of morphine as a parturient; and will those who are disposed to be incredulous carefully read Prof. Byrd's article, and then explain the case which I have above faithfully given. I think, myself, the profession (I mean ours) should be careful in accepting therapeutic "facts;" but, when certain results or effects follow the administration of a medicine, would it not be better to give it a fair trial, and reject or accept it, as experience and observation dictate?

While writing to you, I may say that the health of our city is remarkably good. I hear old practitioners here say that in twenty years they have not seen so little general sickness.

After a vacation of two and a half months, the Academy of Medicine meets next Monday evening, Sept. 6th, and will meet weekly until about the middle of next June—1870.

The announcements of the various medical colleges here, have been out for some time, and good classes are anticipated. Students attending here in the future will have the advantages of a more thorough clinical course of instruction, owing to the completion of our new city hospital. Clinical medicine will be one of the chief features in the instruction of students in Cincinnati in the future.

J. W. Hadlock, M. D.

Cincinnati, Sept. 3d, 1869.

A Case of Opium Poisoning Relieved by the Hypodermic Application of Belladonna.

Eds. Med. and Surg. Reporter:

It is a remarkable fact in the experience of physicians, that opium poisoning is comparatively a rare accident, when it is taken into consideration how indiscriminately and carelessly it is used by all classes of people. The most ignorant nurse often administers the various preparations of opium, with as much self-confidence as though she or he was as conversant with the effects of the drug as Pereira or Wood. And

yet, we are warned by such authority as "Taylor on Poisons," that "it is important for *Physicians* to remember that infants and young persons are liable to be *killed* by very small doses of opium; they appear to be peculiarly susceptible to the effects of this poi son." Many cases are recorded establishing the truth of this assertion; for instance: a child, four and a half years old, died in seven hours, after taking *four* grains of Dover's Powder; and another child, nine months old, died in a few hours from the poisonous effects of four drops of laudanum. I have seen in my own experience, a child, one year old, killed in a few hours, by six drops of laudanum, given by a person totally ignorant of the poisonous effects of the medicine.

In regard to the time required for the fatal absorption of opium, we are informed by two standard au thors, "Christison and Taylor," that it may occur within fifteen minutes, or it may take several hours.

In children, fatal symptoms *often* commence in a *few minutes.*

Case.—July 11th, 1869, 8 o'clock, a. m.—I was requested by Dr. M. G. Moore to visit a colored child, aged *eighteen months*, which had taken, through mistake, *twenty-five* drops of the officinal tinct. of opium. The following was a brief history of the case

At 6 o'clock, a. m., the mother intended to ad minister to the child twenty-five drops of paregoric, for simple diarrhœa; but a half hour afterwards discovered that she had given laudanum. About 7 o'clock she gave it some coffee, and then becoming alarmed at the disposition to stupor, carried it to Dr. Moore, who lived near. It vomited about the time it reached the doctor's, either from the effects of the laudanum or the coffee, as it had taken *no emetic.* The doctor says that the symptoms of *fatal narcotism*, were so manifest when he first saw the child, that he considered it "hopeless" under the ordinary treatment.

He, therefore, immediately determined to invite me to try the hypodermic use of belladonna.

At 8 o'clock, *two hours* after the opium had been taken, we found the child in the following condition: muscular system entirely relaxed, extremities cold, sweating freely, breathing stertorous and very slow, pupils very much central and insensible to light, pulse feeble, small and slow. Strong sinapisms to the spine and abdomen, and the effort to force it to swallow a little brandy and water would partially rouse it, but it would immediately pass into the comatose state again.

The child was quite feeble from an attack of diarrhœa, which increased the uncertainty of its recovery. Dr. Moore had prepared a solution of the alcoholic extract of belladonna (having no atropia) of 2 grains of the extract to 1 drachm of pure water. I injected into the arm, just below the deltoid muscle, $\frac{1}{3}$ of this solution containing $\frac{1}{4}$ grain of the extract. There being no perceivable effect from the belladonna, in fifteen minutes, I repeated the same dose. Fifteen minutes more passed, and there was still no change for the better—the coma seemed gradually becoming more profound. I now injected twice the quantity of the solution, containing $\frac{1}{2}$ grain of the belladonna. In five minutes there was very evident change in the condition of the little patient; the pupils began to dilate and become more sensible to light, pulse more regular and distinct, skin warmer, breathing more normal, and it could be much more easily aroused. By 10 o'clock, four hours after taking the opium, the serious symptoms were so much relieved that we left it, with directions to give it small doses of brandy every hour, and keep it awake whenever it seemed to sleep too soundly. Dr. Moore saw it again at 12 o'clock M., and found it doing so well that the only further treatment necessary was a small dose of castor oil during the evening.

The doctor saw it again the following morning, and learned from the mother that there had been no bad effects either from the laudanum or belladonna, since the narcotism from the former passed off.

This case seems to us to present a fair test of the virtues of belladonna, in opium poisoning. The patient certainly received no treatment which, without the belladonna, would probably have relieved the grave symptoms existing in the case.

Wetumpka, Ala. E. Mason, M. D.

Morphia in Obstetrics.

Eds. Med. and Surg. Rep.:

I have read with much interest the articles lately published in your invaluable journal on the "parturient effects of the Sulphate of Morphia." An experience of twenty-five years in the practice of obstetrics has convinced me that however plausible the cases adduced may seem, there is in my opinion no *direct* parturient effect on the gravid uterus produced by the action of morphia. It is true, that by its administration a decided indirect effect is produced, whereby the action of an *apparently* inert uterus is aroused, pseudo pains allayed, and nature allowed to assert her prerogative. I can recall to mind many cases, in fact they are of common occurrence, where irregular pains which for hours have oppressed the poor, tired patient, are at once promptly relieved by the foot bath and a dose of morphine. I have also seen the same irregular pains relieved by a prompt bleeding, without attributing to either any specific parturient action. I have also seen cases where regular pains have continued after morphine had been given without any particular increase of uterine action, when a dose of ergot, properly administered at the proper time, would bring labor to a sudden close. One case in point I will relate, which took place since reading Dr. Byrd's article on the use of morphia as a par-

turient: Mrs. G. primapara, had been married seven years; was requested to hurry, as labor pains were severe; found her suffering from excruciating but regular pains, located in the epigastrium and left hip. I at once ordered the foot-bath, and gave her her ¼ gr. morphia, with the immediate effect of quieting all her pains, and producing rest for all parties during the residue of the evening.

Two weeks after I was called again, found pains more frequent and regular, referred to the back and abdomen. Vaginal examination showed that the os was slowly but surely dilating, and regular labor was taking place; ordered foot bath, as is my custom in most cases. Pains continued with but slightly increased force; administered a dose of morphine, for the purpose of expediting matters if possible, but with no other effect than of restoring almost entire cessation of pain for half an hour. Pains again return; os well dilated, in two hours gave another dose of morphia. Severe pains alleviated as before only to return, with but slightly increased action; head continued to advance but slowly for some three hours longer, when they partially ceased, or a least ceased to be effective, although the head had nearly passed a well dilated os.

Two doses of ergot now administered at proper intervals roused up uterine action, and the child was soon born, sound and healthy. In this case morphia with such other adjuvants as lady assistants are accustomed to use, had but little if any direct parturient effect, and this is but one of many similar cases that might be adduced. I am aware that morphia occasionally assists indirectly so powerfully that its effects would be almost, in some cases, deemed specific; and yet, when we consider its action as an anodyne on the general system, we should be content to give it its proper place as a parturient in allaying pseudo-pains, the only reliable specific power it has in my opinion.

THOS. SHANNON, M. D.

Campbell, N. Y., Sept. 11, 1869.

Turpentine in Tape-worm.

EDITORS OF MED. AND SURG. REPORTER:

I wish to add my testimony to the efficacy of olei terebinth. for the expulsion of tænia solium. I have given it in twenty-one cases during a practice of forty years in doses of from one to three ounces, combined with castor oil or milk, when the stomach was empty, and it has every case destroyed and expelled the entire worm.

In one case, a girl 14 years old, the worm measured thirty feet in length; in another, a robust man, 35 years old, twenty-two feet. I agree with Dr. KENNEDY, in your issue of the 18th instant, and believe the ol. tereb. a specific, and as far as my experience goes, the only specific for tapeworm.

A. J. CHADSEY, M. D.

New York City.

NEWS AND MISCELLANY.

The New German Hospital, New York.

We are indebted to the New York *Tribune* for the following description of this new structure:

One of the pavilions of the new German Hospital in Seventy-seventh street, which has been in process of erection for the last three years, was formally opened for the reception of patients recently. The pavilion is one of the four intended to be erected on the block bounded by Seventy-sixth and Seventy-seventh streets, and Lexington and Fourth avenues, and is situated on the southeast corner of Seventy-seventh street and Fourth avenue. The building is 167 feet in length, 52 feet in width at the ends and 32 feet in the centre. The height is 66 feet, divided into cellar, basement, and three stories, the ceilings of the latter being each sixteen feet in height. The ends of the pavilion are turrets, 52 by 30 feet in width, and containing the wards for patients. In the east turret are the physicians' and nurses' rooms (each of the latter overlooking a ward,) convalescent and dining-halls, pantries, scullery, linen-room, dumb-waiter, operating room, and a fire-proof stairway running from the basement to the attic. In the west turret, on each floor, are the water-closets, steam, vapor, and other baths, all separated from the wards by a spacious lobby. The water-closets and drains are all connected with the large chimney of the boiler, thus securing a constant draft, which carries off the foul air. The large wards, three in number, are situated between the turrets, one on each floor, and are 27 feet in width, by 100 in length. Each ward contains 32 beds, has all the necessaries of a hospital, and gives 1,431 cubic feet of space to each patient. There is also a small ward in the basement, which, with the others, gives a total capacity for about 90 patients. The gas-lights in the wards have been placed within flues at the head of each bed, the opening from the flues being covered with ground glass, thus giving a subdued and pleasant light, not annoying to the patients. A slight opening is left from the roof into the flue, through which the bad air escapes to the roof. Numerous dust flues have been constructed, and the sweepings are conducted from every floor into a receptacle in the cellar. In addition to the mode of ventilation already mentioned, there are a fan or air-pump, and ample natural ventilation—the doors in the wards all having fan-lights over them, and the windows being opposite each other and reaching nearly to the ceiling. The building is heated by steam throughout, and all the registers are so arranged with valves that the admission of heated or cold air can be regulated from the rooms, by the aid of wires extending to the air chambers, opening or shutting a valve for cold air or hot air, thus readily changing the temperature. The sash

windows are double-glazed, with the space of an inch between the glass, thus preventing condensation and dampness and the formation of ice upon the windows. In the basement are two boilers for heating the building, for the laundry, and for pumping water into five large iron tanks in the attic. There are also in the basement the usual store rooms, kitchens, coal-bunkers, etc. The materials of the building are brick and stone, and the exterior presents a very fine appearance. The architect was Mr. Carl Pfeiffer, and the cost was $190,000. The opening ceremonies were very brief, and consisted merely of a few remarks from ex-Mayor Gunther and Dr. Krackowizer. The management of the Kospital is vested in a medical board consisting of Dr. E. Krackowizer, Dr. Lolman and Dr. E. Cinswer. The resident and visiting physicians number over twenty. The corps of nurses and other attendants has already been appoir.ted, and patients of every nationality will be received now at any time.

Chloral—A New Anæsthetic.

Monsieur Liebreich has presented a memoir to the Academie des Sciences, which contains some interesting details concerning a new anæsthetic he has just discovered. An important difference between this new chemical compound, which he calls "chloral," and all other substances used for the purpose of producing insensibility, is, that it is administered by absorption instead of inhalation, and this enables the dose applied to be measured with greater accuracy. On passing into the system it becomes decomposed into formiate of potassium and chloroform, and produces more perfect insensibility than either ordinary chloroform or ether. Its use is said to be unattended by any danger. In a very painful and difficult operation lately performed on a woman M. Liebreich applied chloral with perfect success, the patient being kept under its influence for over two hours.

The Blind Preacher.

The Rev. William H. Milburn, the well-known blind preacher, has just returned from a long absence in Europe, whither he went seeking aid from Graeffe, the noted oculist of Berlin. The operation he went through was successful to a certain extent, but has not as yet at all improved the vision, Mr. Milburn still having only a vague impression of light, without being able to see even the outlines of objects. He returns, however, in excellent health, proposing a winter's campaign among the Lyceums with "What a blind man saw in Paris," and "What a blind man's experience was in searching for light," and hoping in the spring to go back for another, and, as he trusts, successful operation. His address for some little time will be at Jacksonville, Illinois.

Insanity Items.

——In Brooklyn, Sept. 22, Mrs. Halpine, in a fit of insanity, took the life of her son, eight years old. She fastened the door of the room, and deliberately attacked him with a hatchet and crushed in his skull.

——In West Concord, New Hampshire, on the 21st, a church nearly ready for re-occupancy, after undergoing repairs, was burned. Loss $10,000. An insane man is in custody suspected of having set fire to the church.

——An ex-policeman of Jersey city, Daniel McNamara, cut his wife's throat on Tuesday night, while laboring under a fit of temporary insanity. They resided in Jersey city. The wife will die.

—— A physician of Portage county, Ohio, relates a case within his knowledge where a boy, now some fifteen years old, has used tobacco since the age of five months. When five months old, being a nervous and fretful child, a plug of tobacco was placed in his mouth and produced a soothing effect. The remedy was often used during infancy, and through the teething period, and before the child could talk plainly it was a confirmed tobacco chewer.

—— Dr. Ezra Carr, of New Hampshire, formerly professor in Castleton Medical College, has been appointed professor of Agriculture, Agricultural Chemistry, and Horticulture in the University o California, San Francisco.

—— A Chicago physician, much devoted to real estate speculations, and rather absent-minded, replied to the question of a lady how his prescription was to be taken: "One-quarter down; balance in one, two and three years."

—— A headless body, found near some water in Arkansas, was deemed a proper subject of inquest. The jury returned a verdict of "accidental drowning."

—— The titular membership in the Section of Pathological Surgery in the Paris Academy of Medicine, vacant by the death of the celebrated surgeon, M. Velpeau, has been conferred, by a majority of votes of the Academy, on M. Verneuil.

——Dr. Evan C. Shortlidge, of Chester county Pa., has been appointed physician to accompany the Friends' commission to the Indians of the Omaha Reservation. We understand that he is to receive a handsome salary and have his expenses borne.

——The Cattle Plague is making dreadful ravages in Austria. The herds in Gallicia are decimated by the disease, which has been introduced by animals imported from Russia. The plague has been unfortunately extending its limits far and wide, and has reached Hungary, where the rearing and fattening of stock is carried on on a great scale.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

BERTOLETT—HARDMAN.—September 9th, at the residence of the bride's father, at New Philadelphia, Ohio, J. B. Bertolett, M. D., of Leetonia, Ohio, and Miss Maggie Hardman.

BROWNBACK—BAIRD.—In this city, on the 15th ult., by the Rev. M. Ballou, at the residence of the bride's parents, O. W. Brownback, M. D., of Pendleton, Indiana, and Miss Kate K. Baird, daughter of Alexander Baird, Esq., of Philadelphia.

CLINGMAN—MORGAN.—On June 23d, at the residence of the Bride's parents, No. 168 Ontario street, by the Rev. Father Quigley, Louis P. Clingman and Mary E., only daughter of Dr. A. G. Morgan, all of Chicago, Illinois.

GODDARD—JORDAN.—On August 26th, by the Rev. A. D. Mitchell, Dr. Charles E. Goddard, Surgeon U. S. A., and Mrs. Emily A. Walborn, daughter of Edward C. Jordan, Esq., of Walnut Hill, Dauphin county, Pa.

O'BRIEN—COMSTOCK.—September 11, at Drummondville, Niagara Falls, Canada, by the Rev. J. A. F. McBain, Dr. I. J. O'Brien and Miss Mary J., daughter of the late Nathan Comstock, Esq., all of New York.

SHIELDS—HARVEY.—September 2d, at the residence of Henry B. Harvey, in Troy, N. Y., by the Rev. J. N. Mulford. J. Milton Shields, M. D., of Covode, Pa., and Miss Emily A. Harvey, of Troy.

SIMPSON—MITCHELL.—In Bedford, Indiana, September 14th, by Elder J. Z. Taylor, Dr. J. D. Simpson, late of Owen county, Kentucky, and Miss Mattie, daughter of J. A. Mitchell.

DIED.

CHAMBERS.—In this city, on the 24th ult., Harry Clifford, infant son of Dr. William C. and Mary S. Chambers.

ORTON.—At Caldwell, Essex county, New Jersey, September 17, Dr. James Orton, in the 83d year of his age.

OBITUARIES.

SOLOMON D. TOWNSEND, M. D.

Dr. Solomon D. Townsend, who died in Boston, Mass., on the 19th ult., after a brief illness of only a few hours' duration, was a son of the late Dr. David Townsend, and was born in Boston on the 1st of March, 1793. His father was a well-known physician of that city, and after serving in the Army of the Revolution was, during the greater part of his professional life, Surgeon of the Naval Hospital in Chelsea, and held other offices of trust and distinction. Dr. Townsend was graduated at Harvard College in 1811, a classmate of Hon. Edward Everett, Rev. Dr. Frothingham, Chancellor Dunkin, of South Carolina, and other well-known Alumni. Having completed the studies of medicine, he entered the service of the United States as a naval surgeon, and in that capacity spent three years of his early life. While serving in the Mediterranean, his friendship began with Admiral—then midshipman—Farragut, an intimacy the remembrance of which he always fondly cherished. He was for many years one of the surgeons of the Massachusetts General Hospital, where his beautifully-finished marble bust now stands as a memorial of his kind and skillful services to the poor who came under his care. The Massachusetts Charitable Eye and Ear Infirmary will miss his constant and faithful presence, as President of its Board of Directors, and remember gratefully the deep interest he always took in all its concerns. His professional skill, his uniform courtesy and kindness of heart, and the unbending integrity of his character, won for him in every station of life respect and esteem. He was, in the truest sense of the word, a Christian man, unselfish, living for others, unambitious of fame, simple-hearted, generous, child-like and true. He lived without an enemy, and died peacefully as he had lived, manifesting the same calm serenity in the last hour that had marked all the hours of his good life.

OTHNIEL H. TAYLOR, M. D.

On Wednesday, September 7, Dr. Othniel M. Taylor for many years a very promising physician and a highly esteemed citizen of Camden, New Jersey, was buried, in the presence of a very large concourse of people. The Doctor had lived to the good old age of sixty-six, and had always been an active and useful man. His skill as a physician was universally conceded, and hence he became remarkably popular. He had been in declining health for more than two years, and his death casts a melancholy gloom over a large number of acquaintances and relatives. The deceased pursued his medical studies in Philadelphia under the private instructions of that celebrated surgeon, the late Thomas T. Hewson, M. D., and graduated at the university of Pennsylvania in 1825. During the prevalence of the cholera in 1832, he distinguished himself by volunteering his professional services in one of the several cholera hospitals established by the municipality, which was under the immediate supervision of the late Joseph Parrish, M. D. In company with others he received the delicate testimonial of gratitude voted by the city councils to those professional men who so nobly risked their lives, under that reign of terror, in the performance of extremely dangerous duties, in the very face of that appaling pestilence.

PETER MARK ROGET, F. R. C. P.

P. M. Roget, the distinguished physician whose death is just announced in London, was a Fellow of the Royal Society and of the Royal College of Physicians. His father was the minister of a Swiss church in London, and married the sister of Sir Samuel Romilly. Dr. Roget is best known by his valuable "Thesaurus of English Words and Phrases," and his contribution to the Bridgewater Treatises on "Animal and Vegetable Physiology." He wrote various mathematical papers and contributed largely to the medical and philosophical reviews. For some time he held a Professorship of Physiology at the Royal College. He was ninety years of age.

QUERIES AND REPLIES.

OBSTINATE CONSTIPATION.—*Messrs. Editors.*—In answer to the inquiry of H. M. BEER, M. D., in the case of "Obstinate Constipation" in your issue of the 18th instant "can you advise any means by which the colon may be excited to action, other, than what has been employed?" let me recommend electro-galvanism. Pass the current from the spine over or above the origin of the nerves of the colon through that part of the bowels, and if necessary, through the whole of the alimentary canal, until the nerves which produce the contractile or peristalic motion of the bowels are excited to action as they are undoubtedly paralyzed. I have seen electricity produced by the first electric machine in the country, while patient sat on the insulated stool, overcome passive costiveness which had resisted all other remedies tried, and for the last twenty-five years I have used the electro galvanic battery with almost entire success, in such cases. I confidently recommend it after a long experience.

A. J. Chadery, M. D.

Dr. W. P., of Ind.—"Has a physician who held a post in the army, with the rank of colonel, lieutenant colonel, etc., a right to sign his name with and claim the title in civil life?"

ANS.—He certainly has; quite as much so as any other honorably discharged officer. But in practice it is usually dropped, chiefly, we suppose, because it is better in a business point of view for a physician to be known as "Doctor," rather than "colonel" or "captain," and because it is (or ought to be) a more honorable title than the military one.

Dr. S. G. S., West Va.—The price of last edition of Tilt on Uterine Therapeutics, (1869,) is $3 50.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

HOSPITAL GLEANINGS.

By J. B. Burnet, M. D.,
Of Newark, N. J.

CASE OF RUPTURE OF URETHRA FROM A KICK.

David Kerely, æt. 7, a native of the United States, was admitted to Bellevue Hospital on August 11th. On admission, he was found to be suffering from the effects of a kick upon the penis, received about noon the day previous (10th). He had emptied his bladder about two hours before the injury. He suffered intense pain immediately after the kick, and all night, and on the next morning a few drops of urine came from him. When admitted, his symptoms were of the gravest character; countenance hippocratic; pulse rapid and feeble, with excessive tenderness over abdomen and penis. An attempt to introduce a small silver catheter failed. A small No. 1 gum catheter was at last introduced, but got into a false passage. On withdrawing it and taking a new direction, the surgeon in charge succeeded in drawing off four ounces (℥iv) of urine. His urine was subsequently passed every few hours in bed. His scrotum was much swollen, and on the second day became gangrenous, the gangrene gradually extending up each groin to the umbilicus. Incisions were made and poultices applied. No urine escaped by the incisions, but a strong urinous odor was noticed about the patient. Morphia in solution (Magendie) was given until death, in doses sufficient to keep him quiet. He lingered, without taking any food, until August 15th.

AUTOPSY FIVE HOURS AFTER DEATH.

Body ill-nourished; no marks of violence except about the penis. On cutting through the gangrenous portion a strong smell of urine was noticed. Thoracic viscera healthy. The ureters and pelves of the kidneys were distended with urine. The bladder was filled, extending about four (4) inches above the pubes. Upon dissecting out the bladder and urethra, a rupture of the latter was found about ½ an inch in front of the bulb, directly under the ascending ramus of the pubes, on the right side. The rupture was ¼ of an inch in length. There was no peritonitis, the extravasation being entirely outside of the abdominal walls. The position of the rupture was suspected from the direction the catheter took when first passed. A small round calculus was found in the bladder.

CASE OF RUPTURE OF THE LIVER AND KIDNEY FROM A BLOW.

M. Foley, æt. 30, was admitted to Bellevue Hospital on August 22d. He had been struck in the right side by a falling bucket of bricks, at 11 A. M. of the same day; was received two hours after the accident in a state of collapse, pulseless, blanched, lips blue and cold. He was suffering great pain in the affected side, but had no mark of violence whatever. Two or three broken ribs discovered; all treatment was directed to his collapsed condition, warmth, stimulants, etc. He was perfectly sensible. Had no paralysis, and in short complained of nothing but the pain in his side and exhaustion. He gradually sank and died Aug. 23d., 2 A. M.

AUTOPSY NINE HOURS AFTER DEATH.

No marks of violence anywhere on the body; thoracic viscera normal; abdomen opened; extravasated blood in the substance of the omentum and beneath it; fluid blood in great quantity in the abdominal cavity; 7th, 8th and 9th ribs broken; the liver was found ruptured transversely through the right lobe,

the fissure traversing its whole extent; from this other smaller fissures radiated into the left lobe; an immense bloody tumor was found on the right side, extending from the diaphragm to the cavity of the pelvis. The centre of this tumor was the *kidney*, ruptured into three distinct pieces, with several comminuted pieces; no marks of injury were found on the inner aspect of the abdominal or THORACIC walls.

PUMPKIN SEEDS IN TREATMENT OF TAPE WORM.

By Dr. O. B. Griggs.
Of Mansfield Center Ct.,

In the REPORTER of Sept. 18th, I notice that Dr. Kennedy, of Iowa, has an article on the use of "Turpentine in the Treatment of Tape Worm," in which he disparages "the horse that has carried *me* safely over"—perhaps because he mounted him with his *face the wrong way*.

Turpentine f℥j. or ij. with Olei ricini f℥ij. is an exceedingly unpleasant dose to take, and its effects upon the patients, as well as upon the *worm* are very disagreeable, and should be avoided (so far as the patient is concerned) if possible.

I wish to add my testimony in favor of the pumpkin seed which I believe to be *just as efficacious*—much more pleasant to take, and less disagreeable in its operation than the turpentine.

To illustrate the manner in which it has operated in my hands, I will relate two cases. About four years ago I was called to see E. H. F., a robust, healthy farmer, about fifty years of age, who had been passing pieces of tape worm for several months, without knowing what they were, until he showed me some of the pieces, and I informed him. His health had not materially suffered but he had a voracious appetite, and was obliged to get up in the night to eat. I ordered him

℞. Olei ricini,
" terebinth., aa f℥j.
Muc. acaciæ, q.s. M.
Fiat mist.
S. To be taken in the morning—fasting.

It operated powerfully but did not bring away the worm, and the man said he had as lief keep the worm as to take any more of the medicine. He continued to pass pieces of the worm as before for five or six weeks, when he wished me to make another trial to expel it.

I took six ounces of pumpkin seeds and pounded them in a mortar to a coarse powder; then put them in a quart bowl and covered them with cold water, and let them stand over night. In the morning I poured the emulsion upon a cloth strainer and added water slowly until what I had pressed through amounted to one pint—resembling in appearance milk porridge. I ordered the man to eat no breakfast, but to take instead the pint of emulsion. In about four hours it operated powerfully (without pain) and brought away the worm entire—head and all—measuring seventeen feet in length. There was no recurrence of the trouble.

The other case—Miss E. J. F., aged about twenty years, has passed pieces of tape worm for several weeks—was rather thin in flesh and had a craving appetite; otherwise health was good. Ordered the emulsion of pumpkin seeds, same as in the other case. In about five hours the worm was expelled, whole measuring 18½ feet. No other remedy was administered and there has been no return of symptoms indicating the existence of tape worm.

Other cases might be given but the above are sufficient to illustrate the manner in which the remedy has operated in my hands. In no case have I known it to fail. I have no desire to disparage the value of turpentine as an anthelmintic, but think I have reason to believe that pumpkin seeds, when properly administered, is a valuable remedy for tape worm.

" THAT CASE OF CANCER."

(See REPORTER July 17, 1869.)

The absence of the attending and consulting physicians from the autopsy of Mrs. Dr. M. was sincerely regretted by those present. One of them, at least, should have been there; and the explanation of his absence rests with himself, though his article would imply differently.

We published our observations, not in the least expecting, and with no intention of opening a captious controversy; but with the object of allaying the outside speculation as to the nature of the disease under which the afflicted lady had suffered,—to quiet the many contradictory statements on dit as emanating from the medical gentlemen in attendance, and to gratify the curiosity of Dr. M's numerous medical friends.

It appears from Dr. G's article that these

various contradictory statements did not originate with the attending and consulting physicians, but on the contrary, there was a perfect unanimity of sentiment from the first—that they corroborated and sustained each other. The one diagnosing it to be an iliac abscess—a threatened abscess around the cœcum—and another, a stercoraceous abscess. We must confess ourselves incapable of discovering in this statement, even with a mental microscope, the vaunted unanimity of opinion.

Iliac abscess, typhlitis, and peri typhlitis we have heretofore always regarded in our nosology as different diseases, originating strictly in different localities, and not as synonomous expressions—that they had even been classed as belonging to different departments of medical science.

The symptoms. Those quoted from Professor Gross as characteristic of stercoraceous abscess, are no more characteristic of that than they are of iliac, psoas, Velpeau's sub-aponeurotic abscess, or cancer, when large and adherent to the external integuments. The presence of air in that region does not surprise us, whatever the nature of the tumor, and therefore we fail to see its diagnostic value.

To make a differential diagnosis we would require other symptoms, both objective and subjective, than those given, and cannot consider them as invalidating the result of the sectio cadaveris.

Certain questions are proposed which we are assured, if answered candidly, will settle the question of diagnosis.

The first and second questions have no influence upon the subject at issue whatever. A cancer could adhere to any part of the colon, and by its adhesions the latter become implicated and communications are established. The unnumbered question implying that cancerous tumors do not form extensive adhesions is notoriously erroneous. The third interrogatory as to the means by which the cancerous nature of the tumor was determined is germain.

We had no microscope, and our visual organs, consisting of three pair, and not quite so inexperienced as Dr. G. would insinuate, though incapable of discerning cancer cells, convinced us that the abscess, which only the persistent objections of the afflicted lady prevented from being incised, was *non est inventus*, that there was a tumor as described, which had all the characteristics of a cancer. The evidence before us, taken in connection with the history of the case, the attachments, and size of the tumor, there being no abscess, and the products of inflammation secondary, the age of the lady, cancer hereditary in the family, left us no resource but to designate it as retro-peritoneal cancer, the duration of the lady's illness to the "contrary notwithstanding."

Is Dr. G. not aware that these tumors arrive at an astonishing size in a very short period of time? Prof. Bamberger gives an account of one which, in the period of four months, weighed twenty-four pounds, and of another that in two months attained the size of a child's head.

(The above statement is from Dr. JACOB RITTER, of Liverpool, Pa., and the other physicians present at the autopsy, and as this is a personal controversy, in which both sides have been heard, we shall decline granting further space to it in The REPORTER.—EDS.)

A CASE OF MIDWIFERY.

By Dr. F. A. Roop,
Of Galestown, Md.

June 29th, 1869, about 5 o'clock, p. m., I was sent for in consultation by Dr. SHIPLEY, in the case of Mrs. S. V., in labour with her second child. She had been in labor all the night before; about 10 o'clock, a. m., "felt something break loose." After dinner the old lady in attendance discovered "something wrong." Dr. S. was sent for; on his arrival and examination, he had me called; found a case of shoulder presentation, the left arm protruding externally the whole length, pains slow and feeble; patient six feet tall, and very stout. I suggested to Dr. S. the position (recommended by Dr. T. G. THOMAS, I think of New York, which I read in your journal,) placing the patient upon her knees, with face downwards, a pillow in addition being placed under her knees. After remaining in this posture some 15 minutes, she turned upon her back, and the uterus had receded so far into the abdominal cavity, that we could not reach it. After some time, the original trouble presented again as bad as ever; we again tried inversion, but she could not bear the position. Dr. S. proposed waiting sometime in hope of spontaneous evolution, but in vain. He attempted to turn and deliver by the feet; after some time, he succeeded in bringing the right foot partially down; it eluded his grasp repeatedly; I placed a fillet on the ankle, and so retained it in position. Dr. S. still trying to complete the ope-

ration, without success, he gave it up, said he was exhausted and could do no more; all this time the left arm protruded externally nearly full length. I then took charge of the case, and after some effort, succeeded in returning the arm and hand to the cavity of the uterus, and passing my hand up the right leg to the buttocks, when I found the thigh of the left leg with the knee bent back; by manipulating I got the foot and brought it down, and soon delivered a large dead child. When the child ceased to live, I had no means of knowing, but I think it must have been dead some hours. The mother recovered very rapidly; no complication; she had expected to be confined some six weeks sooner; was so large that we expected her to have twins. In her first labor, near three years ago, I delivered her of a large child by turning it, being a breech presentation.

I do not suppose this to be a very extraordinary case, but it shows the advantage of the "inverted" position. There was plenty of room, and the pains were not strong. I should have been glad to have had the knowledge of the benefits to be derived from this change of position years ago, having to eviscerate the dead fœtus in a similar case, and then finding great difficulty in turning and delivering.

Here permit me to state that I invariably apply a bandage or binder on the woman immediately after the delivery of the placenta; medical Societies, and wise men to the contrary, and have never seen any of the evils that they state result from its use. It may be considered in Montgomery county, Pa., and other locations, as distinguishing a low grade of civilization, but in this section or climate I have seen it of benefit, and in cases where it had not been applied, or when applied, removed too soon, I have been called to see females in a fainting and sinking condition, and have applied it to their immediate relief, and shall continue to use it as long as I find that it *does good* and not harm.

There is another new idea being discussed in medical associations, viz: The impropriety of tying the funis. Does it not seem strange that a body of wise men met for mutual improvement can find nothing more important to discuss than this simple operation, and adjourn with the intention of again discussing its merits; is there nothing of more importance to examine?

In the number of your Journal, Aug. 28th, 869, is an article on Phytolacca Decandra, by Dr. O. Crook. In giving directions how to prepare the tincture he does not state whether the root is to be used in its green or dried state, as there would be considerable difference in the strength of tincture. He omitted this fact, but I hope our brethren will be a little more exact in their formulas.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

Sept. 20th, 1869.

TREATMENT OF BUBO BY COMPRESSION.

By A. P. Judkins, M. D.

(Reported by Dr. Hadlock).

The division of adenitis into three forms—*first*, simple, or inflammatory, *second*, virulent or contagious, *third*, indolent, or indurated—simplifies the treatment, and, in the majority of cases, indicates the means that are required to restore the diseased gland to its normal condition.

It is of the first two divisions that we prefer to speak. The third division, that of indurated bubo, resulting from general infection of the system—constitutional treatment by mercury is the only means that will benefit the patient, all local remedies being merely palliative.

Simple adenitis—with its several causes of gonorrhœa, strains, excessive venery, etc., has for its treatment many different means, such as rest, leeches, mercurial ointment, etc., etc., and, in some cases, general anti-syphilitic medication.

But cases are frequently met with where the patient cannot submit to this character of treatment either from risk of exposure, or because he cannot, or will not keep his bed.

In these cases, after leeching, the mercurial ointment was applied, and as little exercise taken as possible, and in some cases the spica bandage was applied. But all these means have their disadvantage.

The mercurial ointment is greasy and disagreeable, the spica bandage is annoying to both patient and physician, and, if leeches have been applied, there is danger from secondary hemorrhage, especially if the patient moves about much.

I have, therefore, adopted the treatment of Dr. Chase, of Boston, in these cases, of using direct compression by means of adhesive plaster, either in strips, or in one piece applied over, and extending about half an inch beyond the edges of the inflamed gland. After letting the plaster remain three or four days, remove it, and apply a fresh piece, and so on until the swelling has disappeared, which it generally does in from ten to fourteen days.

In the second form, (the virulent or contagious,) before the appearance of pus, the same treatment was employed to reduce the swelling—at the same time all irritating applications to the original sore were stopped, and merely a disinfecting wash used.

The following cases will illustrate the treatment. On the 2nd of July, Peter F. called at my office to be treated for two chancroidal ulcers situated behind the corona glandis. They had existed three days. By the daily use of stick nitrate of silver locally, and the tartrate of iron and potash internally, one point of ulceration disappeared on the fifth day. The other improved slowly, when, at the end of two weeks, the patient complained of soreness in the right groin. Upon examination I found the inguinal gland was enlarged to the size of a hickory nut. I ordered that two leeches be applied, and patient to keep quiet. I saw him two days afterwards, and found it further enlarged and more painful. I shaved the hair off, and applied a piece of adhesive plaster, twice as large as the bubo, over the inflamed gland. He was then permitted to go about his business, a wash was continued to the sore, which was gradually healing, the gland decreased in size, and at the end of two weeks he was discharged from treatment.

Case Second. (R. R. Conductor.)—This patient had had gonorrhœa for a month previous to the appearance of a bubo in the groin; for this he was leeched twice and kept quiet for one week; at the end of that time there being some improvement he was permitted to go about his business. A spica bandage was applied. At the end of three weeks the inflammation had extended to the surrounding tissues, producing a tumor two and a half inches in its largest diameter, in which there was apparently fluctuation. Tonics were ordered and a large piece of adhesive plaster applied over the bubo. At the end of one week he resumed his place as conductor, and at the end of two weeks the swelling in the groin had disappeared.

Dr. W. R. Woodard furnishes me with the history of two cases where the patients had chancroids, followed by bubo in the groin. He treated them by compression with adhesive plaster, and in both cases the result of the treatment was highly satisfactory, the enlargement yielding readily to the compression.

I think it safe, and would recommend in all cases of simple bubo, and in buboes arising from chancroid ulcers previous to the formation of pus, that compression be made by means of adhesive plaster.

First. Because it is clean and pleasant to patient.

Second. It permits of freer motion of the lower extremities than the spica bandage. *Third.* We believe the surgeon is justified in preventing suppuration in all forms of adenitis.

TETANUS.

Dr. Dunlap (of this city) was called on the night of March 20th, to see Miss S. Found her with jaw firmly set; one of the attendants had taken the precaution to place a stick between her teeth, which left room to administer remedies. She had been in that condition about six hours. I learned that about two weeks previous to that time she had singed her foot on the under side, and had so neglected the wound that it was dirty, swollen, suppurating and very offensive. I immediately ordered comp. syrup morphia, spirits vini Gallici aa f℥ij. Teaspoonful every ten minutes. Also ordered chloroform by inhalation. As soon as the chloroform took effect, the muscles relaxed, the stick fell from her mouth, and she seemed every way comfortable. In about one hour she rallied from the effects of the chloroform and talked. The mixture of syrup morphia was continued in teaspoonful doses every half hour for three hours, until she quietly fell asleep. In the meantime the wound had been cleansed and poulticed. When I called next day I found her walking about and feeling quite well.

Important to Druggists.

The Commissioner of Internal Revenue has just decided, on cases coming up from Philadelphia, that wholesale apothecaries and druggists, doing business as such under regular license, must cease to sell liquors in quantities less than one-half pint at one time, or pay the special tax required of a retail liquor dealer. His decision also covers the case of sales of alcohol by such parties, who must not sell in quantities less than five gallons at any one time, or pay the special tax required of wholesale liquor dealers. These decisions reverse previous rulings, but are in strict accordance with the laws and held to be nothing more than justice to regular liquor dealers, since this class of business men paying the Government for certain privileges are unquestionably entitled to its protection in the exercise of those privileges.

Aluminum.

The scientific editor of the *Independent* says: In his *Journal of Applied Chemistry*, Professor Joy says that a few years ago a pound of aluminum could not have been purchased for $200, and even at that price there were few manufacturers hardy enough to take the order. At the present time it can be readily manufactured for seventy-five cents, if not for fifty cents a pound; and the probabilities are that we shall soon be able to obtain it for a quarter of a dollar. Its principal use thus far is in the manufacture of aluminum bronze, or alloy of copper with ten per cent. of aluminum, and which possesses remarkable strength, tenacity, and elasticity.

Aluminum will prove a very important and useful metal; useful in the manufacture of surgical instruments and appliances, etc., and we are glad that it has at last reached the inevitable point of a materia reduction in price.

Editorial Department.

Periscope.

Case of Vesico-Intestinal Fistula, for Which Colotomy was Performed.

We find the above mentioned very interesting communication by Thomas Bryant, Esq., Assistant Surgeon to Guy's Hospital, in *The British and Foreign Medico-Chirurgical Review*, for Jan. 1869:

The patient was aged 49 years, married, and the father of ten children. He labored under ulceration and stricture of the lower bowel, with a fistulous communication between the bowel and the bladder. The probabilities were that the disease was not of a cancerous nature.

Colotomy was performed with the hope that the fistulous opening would contract, if not heal. After a free outlet for the fæces had been established above the seat of the disease, and also that the ulcers would heal; at all events a tolerable certainty existed that the operation would afford relief for a time.

An "oblique incision was made," about four or five inches in length, beginning one and a half inches to the left of the spine, below the last left rib, and passing downward and forward in front of the anterior spine of the crest of the ilium. The line of incision passed obliquely across the external border of the quadratus lumborum muscle, about its centre, and took the same direction as the nerves which traverse this part. Two small vessels, only, had to be tied. The kidney came into view at once after the muscles had been divided, and was pushed up. The bowel was completely collapsed and out of view; it was hooked up, however, without difficulty, by the finger and thumb, and secured firmly to the integument by four sutures; it was then opened, and solid fæces soon passed. Within one hour of the operation fæces flowed in abundance.

The patient was much relieved by the operation, and in two days the urine became clear and natural, no fæces passing per urethram.

On the 9th day after the operation, symptoms of abscess at the base of the bladder began to manifest themselves; five days later these symptoms had become more marked, and an examination of the perinæum and pelvic organs from the rectum established the diagnosis. "A free incision was made in the perinæum in the middle line, laying open the urethra, and a quantity of horribly fetid fluid, composed of pus, urine, and fæces, made its escape. The patient experienced much relief by this operation, and for some weeks afterwards everything went on well. The wound in the loin rapidly healed, and firm union between the bowel and integument took place; fæces flowed without difficulty through the artificial anus, and a small quantity passed at times through the natural channel. The urine remained clear and free from fæces, passed without pain or even inconvenience, and all bladder symptoms disappeared; the perineal wound also rapidly closed. The man's health much improved, and food was taken freely with appetite." On June 20th, however, nearly eight weeks after the operation of colotomy, abdominal pain again made its appearance in the region of the bladder. The small intestine below the umbilicus became much distended. Pressure over these parts caused great pain; constipation and some constitutional disturbance occurred.

On June 29th he suddenly passed a quantity of liquid fæces and flatus per urethram. With this symptom all others disappeared, and relief was experienced. His general health, however, began to fail; the urine was always loaded with liquid fæces, evidently from the small intestines. Solid fæces, in diminished quantities, passed from the artificial anus, and small portions also came through the natural channel; these latter were generaly liquid. The man died on August 27th, of exhaustion, four months after the operation of colotomy, and two after the reappearance of fæces in the urine.

Post-mortem examination revealed thorough union between the bowel and integument at the site of the operation. Miliary tubercles were found in both lungs, a large vomica in the left lung.

About a foot from the termination of the small intestine a coil descended into the pelvis, and had become firmly attached to the bladder; returning from the pelvis of less calibre, it entered the cæcum at the usual place. In the pelvis the rectum became adherent to the bladder, and opened into a large abscess; all other signs of ulceration had disappeared. The abscess at the base of the bladder also communicated with the small intestine and bladder. The pelvis of the left kidney was also the seat of an abscess. Between the rectum and bladder was a large abscess with dense adhesions all around. Into this opened first the ileum where adherent to the bladder next the rectum by a large orifice; and thirdly the bladder, by a smaller one, just large enough to admit the finger. Our author concludes that there is little room to doubt that the case was one from the

beginning of simple ulceration of the lower bowel, and that this was not of dysenteric origin. The benefit afforded by colotomy was immediate and striking, and when interrupted by the formation of the abscess at the base of the bladder, relief was again rapidly given by the free incision through the perineum. The secondary communication of the small intestine with the bladder by ulceration, two months after colotomy, marred the full benefit of the operation. "And lastly, had not suppuration of the kidney existed, there is good reason to believe that life might have been indefinitely prolonged." He has operated in three cases since the above, and has found the oblique line of incision most advantageous.

Urticaria.

In the *Medical Press and Circular* HENRY SAMUEL PURDON, M. D., Physician to the Belfast Dispensary for diseases of the skin, etc., says of this disease:

Before the cutaneous eruption becomes manifested a feeling of fullness at the stomach, nausea, headache, etc., are complained of; the pulse is also quickened. Scratching makes the pruritus worse, also warmth, as when in bed, the heat probably relaxing the capillaries. In chronic cases furfuraceous desquamation of the cuticle takes place. Urticaria is occasionally connected with the presence of a rheumatic or gouty diathesis, and our author has observed the eruption alternating with chronic bronchitis. A short time since he had under treatment a female, aged fifty-four, who had lately returned to England from California, where she had endured great hardships, and also suffered from rheumatic fever. During the time this patient was under observation, the eruption of wheals alternated with lumbago, and were evidently connected with rheumatism, this latter disease being well known to involve both the motor and sensory nerves. In some cases the capillary vessels may be ruptured, allowing extravasation of blood, followed by the formation of wheals; hence the *purpura urticans* of Willan. Dr. Tilbury Fox states "that the solar plexus is oftentimes involved," and those individuals subject to this distressing complaint are occasionally troubled with functional palpitation of the heart, which may be accounted for by means of its nervous connexions, that organ becoming symptomatically affected through the means of the semi-lunar ganglia of the sympathetic. The splanchnic nerves which arise from the ganglia' communicating in the thorax with the cardiac, the greater splanchnic receiving also a small twig from the pneumogastric and phrenic; this accounts likewise for the difficulty of breathing experienced during the attack in some cases. The treatment of an acute attack of urticaria is to remove the cause, and a emetic to unload the stomach is generally prescribed, followed by an aperient. During the attack the skin may be sponged with a weak alkaline lotion, which tends to relieve the tingling. In chronic urticaria the cause, if possible, must be ascertained. If it arises from a rheumatic or gouty tendency, we may prescribe in the former bi-carbonate of potash, or tincture of actea racemosa; this latter drug, besides being useful in rheumatic affections, is an excellent anodyne; if gout be suspected, colchicum or carbonate of lithia are indicated. Sometimes the stomach seems morbidly sensitive to nearly all kinds of food, being in a state of what is called "gastric irritability." In such cases our author has derived benefit from the administration of the hypo-phosphites of lime, soda and potash. In many cases the bowels are costive, and the patient troubled with flatulence. The former condition must be remedied by appropriate aperients, the latter by carminatives. When copaiba occasions urticaria—as when administered for the cure of gonorrhœa—an excellent substitute is found in the yellow oil of sandal wood.

Urticaria is occasionally complicated with lichen, (*lichen urticatus*,) and also occasionally occurs in the course of many acute febrile diseases.

Acute Syphilitic Periostitis Occurring in the Epileptic Diathesis.

The following case is reported in the *Lancet:*

M. S——, a married woman, aged twenty-eight, came under treatment on October 19th, with acute periostitis. Her history was purely syphilitic; she had "sores and buboes" within a month after her marriage; secondary symptoms showed themselves in about two months; she had "eruptions of brownish spots," and sore throat; her hair came off; she had pains in all the limbs, and two attacks of iritis. She said that six months ago her right arm was painful, and began to swell; three months later a swelling, accompanied by pain, appeared on the right collar-bone. After a time she went to a chemist, who gave her some pills, under which she got rapidly worse, her throat, mouth, and gums becoming dreadfully sore; so she came to the Farringdon dispensary. Mr. Smith found her profusely salivated, and the breath very fetid; the arm very hot, very tender, and much swollen—in fact, acute periostitis, extending from the lower third of the humerus to half way down the ulna. At the sternal end of the clavicle was a node, the size of half a small orange hard, hot, and very tender. She said that for nights she had had no rest, owing to the agonizing nature of the pain. She was ordered clorate of potash gargle, ten grains of Dover's powder at bedtime, and iodide of potassium. The effect of this treatment was most marked. She at once obtained a good night's rest, the salivation speedily subsided, the arm and clavicle rapidly improved, pain ceasing almost entirely in a few days, and in ten days nearly all trace of periostitis had vanished, scarcely any thick-

ening to be noticed in the arm, while the clavicular node was painless, and about half the size.

On November 16th she declared herself "nearly well." The treatment will, of course, be continued for a time. At first she took six-grain doses of the iodide, but in the course of a day or two it was raised to fifteen grains three times daily. After being under treatment for a few days, she complained of having had something like *petit mal*, and it was found that twelve years ago she had had very violent fits of a true epileptic character, but as soon as menstruation was properly established, the fits ceased. She had no return of them until last June, when, always preceded for half an hour by giddiness, she suffered from them two or three times a week, and so up to the time of coming under treatment at the dispensary. There has been no fit since.

Artificial Anus Successfully Treated by Dupuytren's Enterotome.

The *Edinburgh Medical Journal*, of April, 1869, furnishes a case, of which we will endeavor to give our readers an epitome. It is by Dr. GEORGE BUCHANAN.

Mrs. G., æt. 40, had been affected with femoral hernia of the left side for many years. In the early part of July, 1866, it became strangulated, and operative interference became necessary. The gentleman who operated informed Dr. B. that after opening the sac he divided the stricture, and on applying moderate pressure, the bowel, which was dark colored, gave way under his fingers; it was left in the sac, poultices were applied, and the symptoms of strangulation disappeared. The opening in the bowel rather increased in size, and constantly discharged fæcal matter. On August 17th she came under Dr. BUCHANAN'S care at the Glasgow Infirmary. There was found to be an opening in the left groin, rather larger than a half crown piece, through which the open intestine protruded, the edges of which were firmly adherent to the lips of the aperture in the integument. When she strained the bowel protruded as much as two inches, and was found to be the ileum at some distance from its lower end. In the general opening could be detected two orifices, each orifice lead up into the corresponding intestine, the two tubes being parallel to each other, and divided by a thick septum or *eperon.*

By the 30th of November, she had been got into sufficiently good condition for the operation, and Dr. B. introduced the enterotome of Dupuytren. The blades, which locked into each other, were four and a half inches long. The application caused no pain, as great care was exercised. The two blades were introduced separately, pushed up to the extent of four inches, turned to face each other, and locked like midwifery forceps. They were then approximated by means of the screw until they were made to bite very firmly into the septum. When fairly locked the male blade must have pressed the mucous septum an eighth of an inch into the female blade.

Towards night patient had some epigastric pains and a little bilious vomiting. A sinapism was applied to epigastrium, and one grain of opium ordered night and morning. To swallow nothing for twelve hours, but to suck small bits of ice if thirst became urgent. On December 1st, the blades were further approximated, causing a little pain in epigastric region. On the 2d the blades were screwed home. Pulse steadily 80—no return of vomiting, and she was ordered a mutton chop and some brandy daily. On the 4th some fæcal matter passed per rectum, the first that had come this way for five months!

5th. Passed fæces the natural way three times, and for five hours nothing escaped from the groin.

7th. The enterotome dropped out, having between its teeth a long strip of the septum. The external opening was plugged with a hemisphere of gutta-percha fixed to a plate of tin which formed a flange, and secured with adhesive strips and bandage. A simple enema was ordered, to encourage the fæces to pass into the rectum. The plug failed to produce the desired effect of preventing the escape of fæcal matter, and was removed. The patient was ordered to lie on her back and remove at once any escaping matter.

10th. A dose of oil and a laxative enema produced copious alvine evacuation, part from the groin, and part from the anus. With an occasional dose of oil and enema, patient progressed favorably. While she lay on her back the contents of her bowels mostly passed into the lower part, but when she got up the thinner portions escaped by the artificial anus. The opening having considerably contracted by Jan. 9th, a water-proof truss was applied, which served its purpose admirably, allowing no fæcal matter to escape from the groin while it remained on.

Feb. 18th. Patient much improved; natural passage daily; the opening being now reduced to the size of a shilling, patient was sent home for a time. The opening had contracted to the size of a fourpence by Feb., 1868, when a plastic operation was performed for its closure, but without success. The opening, however, again contracted to a very small size, and by using a truss she could keep herself quite free from any discharge, and could follow her usual avocations; a very great gain over her former condition.

Proptosis and Complete Loss of Sight in one Eye—Tertiary Syphilis—Recovery of Sight Under Treatment.

A very interesting case illustrative of one of the ways in which syphilis may bring about paralysis of a nerve has recently been under care at Moorfields, treated by Mr. Hutchinson, and is reported in the London Medical *Times and Gazette.*

A man, aged 33, was admitted nearly blind of the left eye. He could not find the window, and had only a dim perception of a shadow when the hand was passed across his left eye. His right eye was perfect.

It was noticed that the left eyeball was more prominent than the other. The prominence was decided, and there appeared reason to think that it was due to some deposit, inflammatory or malignant, in the apex of the orbit. The eyelids were slightly œdematous, and there was also some swelling on the temporal region. The man gave the history of syphilis seven years ago. Ever since he had been liable at times to a tubercular rash, and at the present there were a few characteristic tubercles on the temples. On ophthalmoscopic examination it was found that the loss of sight was due to neuritis of the optic nerve. The optic disc was blurred by the deposit of lymph, and its edges concealed. The inflammation did not extend widely around, and the retina, excepting close to the edges of the disc, was quite clear.

Acting upon the syphilitic hypothesis, Mr. Hutchinson at once prescribed iodide of potassium in full doses, and with the result that the pain which the man had suffered quickly abated, the eye began to recede into the orbit, and the vision to improve.

After four weeks of treatment, sight was so far restored that the patient could read No. 12 with the affected eye, and a fortnight later he read No. 4.

The case is important as an instance of optic neuritis on one side only, a condition which is extremely infrequent. In all probability the neuritis was caused by the pressure of the inflammatory effusions on the trunk of the nerve. In most of our cases of optic neuritis the exciting cause is within the cranium; here it was probably in the orbit, and hence the non-occurrence of symmetry. It should be stated, however, as seeming to imply intra-cranial disease as well as orbital, that, about a month after the treatment was commenced, the man had a fit. The fit was one of those so common in cases of syphilitic disease of the nervous centres. He fell down, lost consciousness for a short time, and, when he recovered, found that he could not use his tongue nor close his mouth. These consequences soon passed off, but on several subsequent occasions for short periods he again lost power of moving his tongue. During his attacks he complained that his tongue felt numb, and as if much too large for his mouth. The attacks are also attended by a sensation of shortness of breath. In spite of these he still keeps at work. He has been advised to persevere for long in the use of the iodide of potassium.

Nursing Sore Mouth.

This troublesome affection is spoken of in these terms by Dr. I. P. Wilson, in the *St. Louis Medical Journal*. Dr. Wilson is of opinion that it is the result of an impoverished condition of the system.

The child in embryo and in infancy is supported by its mother. The mother's system is continually being drained from the day of conception to the time she weans her child. She has not only her own body to maintain during gestation and lactation, but her offspring must be supplied with the bone, muscle, and nerve producing materials, even though her own system be starved for the purpose. If the system is robbed of any one of its constituent parts, the body must suffer. The bones, e. g. contain from 48 to 59 per cent. of the phosphate of lime, and the enamel of the teeth from 81 to 88 per cent., hence an immense supply of these lime salts is required to maintain the mother, and to build up the bony tissues of the child. Stomatitis materna is nearly always accompanied by extreme sensitiveness of the teeth, and a softening of the tooth structure, showing a starved condition of the entire osseous system. The lime salts have been appropriated for the development of the bony tissues of the child, while the exhausted mother is suffering the consequences of an impoverished system.

This disease is more prevalent with pregnant and nursing females, because they demand a far greater supply of those life-supporting elements; but it is not this class alone that suffers from this condition. The non-pregnant female who is living on a poor, weak diet, is liable to suffer the same consequences. The male sex, too, may have sore mouth of the same character, but it is always given some other name, and attributed to some other cause.

In my practice as a dental physician I have been called upon to treat this disease, and when it has not progressed too far, I have only found it necessary to recommend a good, nutritious diet, with plenty of exercise in the fresh air and in the sun. If the entire alimentary canal is affected, tonics should be given, and a general constitutional treatment may be required.

One or two kinds of aliment will not keep the system in repair. A variety is necessary. Milk and eggs are said to be the only articles of food that contain all the required elements. The lime salts abound richly in the unbolted wheat flour, while fine flour is almost entirely destitute of this element.

Let the mother's system be furnished with a sufficient amount of the bone, muscle and nerve producing materials to build up the tissues of her child, in utero and during infancy, and "stomatitis materna" will rarely if ever exist.

The Leaden Color of the Tongue in Malaria.

Charles O. Curtman, M. D., Professor of Chemistry in the Missouri Medical College, sends the following article to the *St. Louis Medical and Surgical Journal:*

For several years past the peculiar color of the tongue in malarious fevers has attracted my attention, and finding it almost uniformly present I was induced to note its occurrence in all the cases

ed, together with such other symptoms as appeared to have a bearing upon it. From a large number of cases thus carefully observed, with a view to ascertain the value of the appearance of the tongue as a diagnostic sign in malaria, I have been led to make the following deductions :

In malarious affections the color of the dorsum of the tongue as far back as the circumvallate papillæ, is of a bluish gray tinge, somewhat resembling that of old sheet zinc or lead. It occurs in various degrees of intensity, giving the impression of a covering of greater or less thickness, superimposed upon the epithelial surface, sometimes quite thin and transparent, at other times more opaque. Sometimes it has the appearance of being seen through a viscid mucous superstratum, at other times it is quite dry, but when present always has the peculiar leaden hue. It is not due to anæmic conditions, nor does it present exactly the same coloration as the tongue does in anæmia. I have not been able to detect any change of the color, in the same individual, during the process of an intermittent fever through its different stages, but have observed the same appearance in the cold, the hot, and the sweating stages, and could not see any alteration in it during the intermission. The color may be observed in equal intensity in the feeble, emaciated patient who takes an ague during the period of convalescence from exhausting disease, as in the plethoric, robust man of full habits, who has been exposed to the paludal poison. In some cases, however, though malarious fever was unmistakably present, I could not observe this color over the dorsum of the tongue, but only around the edges and tips, but in those cases there was an opaque coating of the tongue of a brownish yellow or dirty white color, such as is usually denominated bilious. This presented the appearance of being superimposed upon the leaden covering, which it did not entirely overspread, but permitted to be seen at the tip and edges. This appearance was frequent in the remittent type.

Not a single case has been thus far observed by me in which the malarious affection was undoubtedly present, while the tongue retained the clean, natural surface of perfect health. The leaden color disappears completely shortly after the entire cessation of the malarious symptoms, and serves as a valuable index of the perfect restoration to health. In several cases the leaden tongue has been observed without any concomitant symptoms which could fully establish the presence of malarious disorder, excepting a general malaise and lassitude, which so often are the prodromata of intermittent or remittent fevers. Not all of those cases could be heard from afterwards, but in every one of those that came under subsequent observation the distinctive symptoms appeared shortly afterwards unless prevented by interfering medical treatment; so that I have considered myself justified in predicting an attack of fever with some degree of certainty from the presence of the leaden tongue alone. This peculiar appearance of the tongue has never been observed by me in uncomplicated non-malarial diseases, but has in doubtful complications helped me at different times to make out an accurate diagnosis of malaria, vindicated by the subsequent development of the disease in an unmistakable form.

A modification of the common leaden appearance has in a number of cases shown itself co-existing with typhomalarial affections. The leaden color is there distinctly visible in the lateral portions of the dorsum of the tongue, while the central portions on both sides of the raphe has a different color, so as to give rise to three longitudinal stripes—the two outer of leaden hue, the inner either entirely denuded of covering or densely covered with a furry layer of various thickness, brown or yellow or dirty white, also generally differing in the degree of moisture from the border stripes.

Value of Digitalis.

Dr. J. P. Chesney, of New Market, Mo., speaks highly infavor of this remedy in the Leavenworth *Medical Herald.* He says :

I can in no way better satisfy my readers of the worth of my conclusions, than to "prove my faith by my works," and so I will give a case or two in point: In the summer of 1867, I was consulted by a young unmarried lady, in regard to a menorrhagia from which she had been suffering for a year or more, and for which she had been treated, during the whole of the time, by one of our most intelligent physicians, without apparent benefit. The patient was of a strumous diathesis, and, I suppose, had been subjected to the trial of the usual remedies for hemorrhages dependent upon a lack of uterine muscular power, such as steel, quinine, sarsaparilla, secale cornutum, acetate of lead, etc., etc. I therefore had, of necessity, to innovate upon the established practice, or my efforts were likely to prove as nugatory as those of my predecessor. I concluded, as a dernier resort, to try the tincture of digitalis, which I did; and, to my pleasure and surprise, I found it prove of the utmost service to my patient; so much so, indeed, that in a very few weeks from the time of the first prescription, she was in as good health as she had ever been, and I believe she continues so to the present time.

In the early part of the present year, I was consulted by a married lady, whose "time of life" had come upon her several months ago; and as a consequence, she had been annoyed incessantly for the past year with a menorrhagia, from which she had became so enfeebled as to be wholly incapacitated for her usual household duties. She had the tinct. of digitalis prescribed, and in a very short time resumed her domestic affairs as usual. I have used it

in other cases of the kind, and also in other affections requiring remedies to impart tone to the muscular fibres, and I can truly say that I have very seldom been disappointed in observing the very best effects from its use. My friend, Dr. W. A. Brock, of this place, has also had considerable experience in the use of this remedy, in this class of cases, and cheerfully bears testimony to its value.

Now the theory of the action of the digitalis, as applied to these cases of relaxation and debility, must be that of a tonic when we see good results from its use; and this is directly opposite to the usual character given to the action of this remedy by writers generally. I say "generally," because some recent authorities claim for it the virtues I have so very imperfectly named in this article; prominent among them may be mentioned Thomas King Chambers, of London, in his "Renewal of Life;" a work, by the way, that I think should be in the hands, heads, and hearts of every doctor who would keep pace with the advance of practical medicine.

Appreciating the importance of this remedy from the limited experience I have had with it, I shall, when opportunities offer, give it a more extensive trial. I am of the opinion that it may be used with advantage in many cases of menorrhagia, leucorrhœa, spermatorrhœa, gleet, incontinence of urine, ascites, diarrhœas, etc., in fact, in all or any of the abnormal conditions of the system which depend for their existence upon a relaxation of the tissues. I believe that it has a specific action in this direction, which is quite different from the power of the remedies we regard as "tonics." As to the worth of digitalis as a remedy in the treatment of acute affections, I have no experience, and therefore am not competent to speak.

Threatened Death from Chloroform.

The *British Medical Journal*, of Sept. 11, says: Recently, at King's College Hospital, London, there was a very narrow escape from death by chloroform. The patient was a healthy man, aged 30, who was to undergo the operation of removal of a tumor from the front of the leg, by Mr. Henry Smith. As the inhalation proceeded, the patient began to struggle so violently that it required the assistance of several dressers to prevent him from throwing himself from the table. He, however, became insensible to pain; and Mr. Smith proceeded with the dissection, but was compelled to desist, in consequence of the violent movements of the patient. The chloroform was now entirely suspended; but, notwithstanding this, the man's face became suddenly livid, then changed to a deep purple color, respiration and pulse completely stopped, and death had apparently taken place. Mr. Smith at once thrust his finger to the top of the windpipe, got forward the tongue, and assistants commenced artificial respiration by the movements recommended by Dr. Silvester. The naked chest was vigorously flipped with a wet towel. For a brief period these measures seemed to produce no effect; but after a short time there was a slight improvement in the complexion, when the efforts were redoubled, and all were delighted to find the apparently dead man slowly respiring. In two or three minutes more, the man had so far recovered that Mr. Smith was able to complete the operation, although, of course, no chloroform was exhibited. In some remarks after the operation, Mr. Smith referred to the narrow escape of the patient, and said it illustrated the danger which will occasionally attend chloroform, however carefully given, more especially in those cases where its exhibition is followed by a great amount of struggling. It was necessary to be particularly careful with it when this occurred; he had seen other narrow escapes exactly under the same circumstances.

The Welsh Fasting Girl.

The *British Medical Journal*, of Sept. 11, says: Dr. Robert Fowler, of Bishopsgate street, during his "outing" in Wales, has taken the opportunity of visiting this girl, and has communicated the result of his visit in a letter to the *Times*. He says that he found her lying on her bed, dressed as a bride, with a goodly collection of English and Welsh books, mostly the presents of visitors. "Her face," he says, "was plump, and her cheeks and lips of a beautiful rosy color. Her eyes were bright and sparkling, and the pupils were very dilated"—in a measure, from her head being shaded from light. "There was that restless movement and frequent looking out of the corners of the eyes, so characteristic of simulative disease. Considering the lengthened inactivity of the girl, her muscular development was very good, and the amount of fat layer not inconsiderable." There was a slight perspiration; the pulse, and, as far as could be ascertained, the sounds of the lungs and heart were healthy. During the examination she had what was called a "fainting fit;" but which, according to Dr. Fowler, consisted of a little hysterical crying and sobbing. The walls of the abdomen were tense and tympanitic. The nails—which were said not to have grown for two years—presented no indications whatever of disease. Dr. Fowler expresses his opinion that "the whole case is one of simulative hysteria in a young girl, having the propensity to deceive very strongly developed. Therewith may be properly associated the power or habit of prolonged fasting. Both patient and her mother admitted the occasional occurrence of the *globus hystericus*. He believes that the girl deceives her own parents as regards the obtaining of food; and he points out that the construction of the bed and the cupboards in the room is calculated to favor the deception.

Opium in Snake Bite.

Dr. R. T. Short writes from Edinburg, Mo., to the *Medical Archives:* On the 20th of this month I was incidentally called to see a lad aged 17, who had been bitten by an average sized prairie rattlesnake, (crotalus massasagua.) On examination, two punctures were visible in the sole of the right foot, which was evidently the point bitten. The patient was comatose, pale and cold; skin dry and very sensitive, the slightest touch being followed by a slow but general vermicular movement over the whole surface; lower limbs paralyzed; pulse 20 at the wrists and very feeble; pupil largely dilated. Not having with me any *specific* for snake bite I was compelled, as usual, to rely on regular remedies. It being now too late to prevent the absorption of the poison, I determined to make use of opium to fulfill the indications presented. Accordingly, about 4 o'clock, P. M., I gave 2 grs. opii pulv. At 6 o'clock repeated the dose; pulse 32; at 8, repeated the dose, pulse 50; at 10 o'clock, repeated dose, pulse 65, slight perspiration; at 12 o'clock gave last dose, 2 grs., pulse 80; pupil contracted to normal size. About 3 o'clock the patient waked up as from a healthy sleep, and asked for something to eat; allowed him a good sized meal. Said he felt well in every respect; continued awake until 2, P. M., when he began to complain of feeling weary. Pulse gradually sunk to 18, when the opium was again resorted to to raise it; 2 gr. doses every two hours for ten hours left the pulse at 85. Medicine discontinued; recovery complete. One remarkable feature in the case was that the opium at no time exerted its characteristic soporific influence—perspiration was excited both times. The opium was of excellent quality, I know, having used out of the same package for more than a year.

And now the question naturally arises, does some principle in the opium prove antidotal to snake poison, or does it act by fortifying and replenishing the nervous system until the poison has spent itself? If it acts in either way, or yet in some other, it certainly may become a valuable means with which to meet these cases. As it is usually found in some form in every physician's medicine chest, it is nearly always at hand. I believe the recovery in the above case was wholly due to the opium.

Carbolic Acid in Rubeola.

Dr. T. J. Williamson, Cincinnati, Ohio, in the *Richmond and Louisville Journal*, says: On the 28th of June I was called to see Miss A. B., of this city, aged twelve years, and of strumous diathesis, nervous temperament, &c.

I found her suffering from all the general symptoms of a malignant form of measles. Had been sick four days; pulse one hundred and fifty, with delirium, but with no appearance on the surface of measles. Her tongue was fiery red and heavily loaded; her gums bleeding, and the mucous membrane of the mouth, together with the sublingual gland, covered with eruptions. She was suffering likewise with gastritis, the stomach ejecting both food and drink of every description. I prescribed: ℞. Syr. scillæ c., f℥j; syr. ipecac., tr. lobeliæ inf. aa. f℥j; carbol. ac. gtt. xvj. M. Teaspoonful every hour; and as a wash for her mouth, ordered: ℞. Carbol. ac. ℈ij; chlo. potas., ℈j; mellis. desp., ℥ss; aq. camph., f℥ij., M. Gargle, or mop mouth every three or four hours, keeping the bowels free enough with syr. manatus. In about twenty-four hours her tongue cleaned off, secretions pretty well established, and the mouth presenting an almost healthy appearance. The surface was then covered with a bold confluent rash, her delirium gone and perfect rationality restored. During the existence of delirium I ordered ten grain doses of bromide of potas. every three or four hours. On the ninth day she was dismissed convalescent.

A case so complicated I have rarely met, nor any remedy that seemed to have such magic effect, for I have used carbolic acid in other cases with similar results.

Poisoning by Indian Poke Root.

Dr. A. G. Craig, Ghent, Ky., contributes the following case to the *Richmond and Louisville Medical Journal*:

On the morning of the 18th of April last, Mr. B——, aged twenty-nine, while at work in his garden ate heartily of Indian poke root, supposing it to be artichoke, a perennial plant cultivated in our gardens as a culinary vegetable. He ate, probably, one half of a root, six inches in length, when faintiness and sickness of stomach were produced. In a very short time he commenced vomiting and purging, severely and frequently. My partner, Dr. Ellis, was summoned, and saw him about half an hour after he had eaten the poke root. Upon my return from a professional visit in the country, one hour later, I visited the patient. He was greatly prostrated, and could speak only in a whisper. He had vomited no less than a pint of blood, and had passed a quantity of blood mixed with bilious matter from his bowels. The poison had exercised a powerful influence over the nervous system, producing faintness, somnolency, vertigo, headache, and dimness of vision. He complained of griping in the bowels, of burning pain in the epigastric region, and of severe cramps in his lowerextremities. His pulse was slow and feeble; breathing shallow; pupils considerably dilated; skin blue and cool; eyes sunken deep in their sockets, and surrounded by a livid circle—in short he presented the appearance of a patient sinking into the collapsed stage of Asiatic cholera. Our treatment consisted of measures to counteract prostration. He was ordered small doses of the tincture of opium and French brandy freely. A large sinapism was

applied over his bowels, friction to the extremities, and artificial heat with bottles filled with hot water. He was allowed to have small lumps of ice to swallow *ad lib.*

April 18. Pulse sixty-five and feeble; tongue dry and brown; considerable thirst; appetite gone; bowels moved once during the night. He vomited also occasionally. He has reacted well as could be expected. Treatment omitted.

I did not see the patient until about a week afterward, when he visited my office, still weak and pale, but in fine spirits.

Sleeplessness in Infants.

Dr. EUSTACE SMITH gives the following very useful hints in the *British Medical Journal:*

If the infant be very young, *hunger* is commonly the cause to which his restlessness is attributed by the mother; for the tendency of mothers is to refer all crying in their infants to that one cause. Occasionally they may be right. Infants nourished solely by the breast, and deriving their support from a scanty supply of watery milk, are almost constantly hungry. The amount of fluid they swallow is scarcely sufficient to satisfy their appetite even for the time; and, being rapidly digested, the meal is soon followed by renewed demands for nourishment. After a few days of such a diet, the weakly condition of the infant, induced by semi-starvation, draws attention to his state of health; but crying at night from hunger is an invariable forerunner of his loss of flesh.

By far the most common cause of restlessness at night is *injudicious feeding*, the child being stuffed with food, although not necessarily in itself injurious, is yet ill-adapted to the nourishment of the particular infant to whom it is given. It is a common practice amongst mothers—especially those of the poorer classes—to make up for any deficiency in the amount of breast-milk by farinaceous food, long before the digestive power of the child is suited to such a diet. The stomach of an infant of about two months old is often filled with a mass of starchy matters, which the absence of saliva will not permit him to digest. This mass, fermenting in his bowels, is a source of continual discomfort until it is evacuated. Even when cows' milk is used as an addition to the breast milk, it is very frequently ill-digested, although diluted with water.

Cold feet are a not unfrequent cause of wakefulness in infants. Delicate infants, in whom the circulation is languid, are very subject to coldness of the extremities; and griping pains in the belly are common accompaniments of the same condition. In all cases of abdominal pain in infants the feet should be examined. When these are found to be cold, warming them by frictions with the hand, or by hot applications, usually causes the manifestations of pain to cease.

The feet in infants should be always carefully warmed before the children are put to bed; and should, in cold weather, be afterwards wrapped in flannel, or be covered with thick woolen socks.

In *hereditary syphilis*, infants are exceedingly fretful at night; and, by their uncontrollable crying, are a source of great distress to the mother. This symptom is usually the first sign of the disease, preceding the snuffling and the other characteristic symptoms of the outbreak of the inherited taint. The crying is possibly excited by nocturnal pains in the bones, similar to those affecting the adults previous to the outbreak of the constitutional symptoms. On the appearance of the rash, the sleeplessness does not subside, but it soon disappears under the influence of specific treatment—a few doses of grey powder being sufficient to produce this result.

Worms, in older children, are well known to be a common cause of night terrors and restlessness; but even in infants crying at night is sometimes found to be due to this cause. Amongst the poorer classes, where infants are allowed early to share in their parents' meals, it is not so very uncommon to find them suffering from the presence of oxyuris vermicularis. To give one instance out of many which have lately come under my notice: A child of nineteen months, well nourished, strong on his legs, who had walked from the age of ten months, had cut eighteen teeth, and could talk, the mother said, well, was brought for fits of violent screaming, which began about 8 p. m., and lasted the greater part of the night. From the condition of the tongue, worms were suspected, and a purgative of rhubarb and jalap brought away a large quantity of the small threadworms. Afterwards, a careful regulation of the diet, and the administration of compound decoction of aloes, with a little iron, soon restored the alimentary canal to a healthy condition. The night screaming ceased from the very commencement of the treatment.

Besides the causes which have been enumerated, there are two others of not uncommon occurrence, and are frequently overlooked. One of these is the influence of *habit* upon the infant. Children who are too much petted and indulged, easily contract habits which are sources of great annoyance, not only to themselves, but also to those through whose uncalculating tenderness the habit has been acquired. Thus, in young children little attention should be paid to cries excited by other causes than actual suffering or discomfort. Cries from wilfulness or fretfulness should be entirely disregarded.

Exhaustion of nerve-force, the reaction following over-excitement of the nervous system, is another not uncommon cause of wakefulness at night in children. Children of three or fours years old, after the excitement of a child's party, or a visit to some place of amusement, are often found to be troubled with sleeplessness; the child either finding a diffi-

culty to compose himself to sleep, or waking up after a short slumber. The same thing is frequently seen in young infants who have been played with and over-excited immediately before being put to bed. The infant is uneasy and restless, starting frequently, and waking up with a fretful cry. This is not found with all infants, but is especially noticeable in those of delicate organization and great impressibility of the nervous system, and is, therefore, a frequent symptom of commencing rickets, where the irritability of the nervous system is very great.

Sleeplessness in infants is thus produced by many different causes, each of which will require a different method of treatment for its removal. To look upon such a condition as a distinct disease, removable by any so-called specific, is in the highest degree unphilosophical and unpractical. Opiates, and perhaps bromide of potassium, may be occasionally useful in quieting excessive irritability of the nervous system, and may be, therefore, of service in the treatment of sleeplessness arising from the last two causes which have been mentioned; but to employ either as a universal remedy in such cases would be at least useless, even if it were not injurious. The screams of an infant suffering from an accumulation of undigested food—to take the commonest case—may certainly be quieted for the time by a narcotic; but so long as the cause remains, the screams will be renewed as soon as the soporic effect of the drug has had time to pass away. In such a case, bromide of potassium produces no effect whatever. In every case of sleeplessness in infants, the cause may be easily ascertained by careful investigation; and, when it is discovered, there is little difficulty about its removal.

The Binder.

Dr. Corson says in the last volume of the *Trans. of the Pa. Med. Soc.*: It is not a little amusing to us, who have so long since abandoned the use of the binder, to read the opinions not only of some of the members of the Harford Co. (Md.) Medical Society, but of various writers in medical journals. Its unquestioned use for so long a time, its recommendation by professors of midwifery, the fear of hemorrhage "if the patient should turn on her side," the necessity for pressure on the bloodvessels by the bandage, are all dwelt on as reasons why it would be unsafe to abandon it. It may be well for us therefore to allay those groundless fears by informing them that, despite ancient customs, despite the stereotyped lectures of learned professors, despite the fears of experienced practitioners that weakness and hemorrhage will certainly come, despite the horrible dread that pot-bellies will result, Dr. William Corson, the originator of the improved practice in this country, so far as we know, has dispensed with its use during the last fifteen years in from 1500 to 2000 cases; Dr. John K. Reid, since 1862, in at least 1000 cases; Dr. Hiram Corson, in the last ten years, in several hundred cases; Drs. Evans, Robinson, Shoemaker, Schrack, Jones, Stiles, and E. M. Corson, in hundreds of cases, without a single bad result, and with so much satisfaction to the patients that they are often most earnest in their praise of the improved practice. Dr. Forwood himself made some very just remarks on the subject of parturition being a natural process in the human female as well as in the lower animals, and that, if in the one, so in the other, it could be completed without the interposition of artificial support. He also instanced the habits of the Indian and African women, who did well without such an appliance. We will not make much attempt to disprove its necessity. It is one of those trivial customs, which teachers of midwifery spend hours in teaching to students, and which is magnified into as important a matter as delivery by the forceps. We know several doctors who say they always apply the bandage and "shift" the woman themselves. A pretty business for a learned doctor to be putting the "shift" on a sick woman, when her mother, and aunts, and friends, a thousand times more competent, are at hand. Thank Heaven! we hope that class of doctors will not increase.

Femoral Hernia in the Male Subject.

Augustus Brown, M. D., contributes the following case to the *Lancet*:

As femoral hernia in the male subject is of rare occurrence, I venture to forward the notes of a case which lately came under my treatment, and which I am happy to say terminated favorably.

A gentleman aged sixty-one years was obliged to return home from his business on Saturday, February 13th, 1869, owing to a most distressing attack of sickness, which was produced by the descent and strangulation of a femoral hernia in the left groin. The sickness continued from Saturday morning till Monday evening (the time of operation). The patient sent for me on Sunday evening. Feeling, however, very tired, and believing from the nature of the message that he was suffering from a bilious attack, I prescribed effervescing citrate of potash draughts, with dilute hydrocyanic acid, and promised to call on Monday morning. Thus a delay arose, which might have been of serious consequence to my patient, and which clearly proves how little we can rely upon our notions of what a case may be.

On Monday I found I had a serious case to treat. On examining the abdomen, I detected the hernia. In cases of obstinate sickness this should always be done. The vomited matter was now stercoraceous. I had some little difficulty in determining what kind of hernia I had to treat. After, however, a careful examination of the parts, I came to the conclusion that it was femoral. Being about the size of a pigeon's egg, it had escaped through the saphenic opening, and then turned sharply upward. Failing to

reduce it, I sent for my friend, Dr. WALKER, of the Essex-road, who, after a careful examination, formed the same opinion as myself, and attempted the reduction of the bowel, but without success. Owing to the pressure of business on the part of my friend, I was obliged to delay the operation for a few hours, and by the time I could gather the necessary assistance daylight had gone, consequently I was obliged to operate by candle-light. Chloroform having been administered by Mr. New, the taxis was then again attempted, but failed. I then cut down upon and carefully exposed the sac. The hernia had passed out of the saphenic opening, and then taken a sharp turn upward, and was resting on the lower part of the abdominal parietes. As my patient was not young, I desired to avoid, if possible, opening the sac. To afford room for the reduction of the bowel, I divided the anterior part of the crescentic arch of the saphenic opening, and then, passing my finger as far as Gimbernat's ligament, I divided a few of its fibres. Having thus far cleared the way, I examined the parts, and still found reduction impossible. This obstruction to reduction consisted in constriction and adhesion of the parts round the neck of the sac, and rendered the division of the fibres round the neck, also the opening the sac, a matter of necessity. On opening the sac, the bowel, which was dark and congested, and which had evidently been long enough in its prison-house, was easily returned. The edges of the wound were closed with silk sutures, and the wound was subsequently dressed with the dry dressings, which I have long used in all wounds.

My patient, who was a good subject for operation, would have made a rapid recovery but for two circumstances. He very foolishly got out of bed two hours after the operation to relieve the bowels, which acted freely; this act nearly broke open the wound. He suffered also from a troublesome cough, which produced a considerable impulse toward the wound and kept the parts from healing. With the aid of a well-fitting truss he has again returned to business.

Maternal Impressions.

Dr. McConaughy says in the *Trans. Pa. Med. So.*: There are many proofs of these deleterious effects of maternal impressions that should warn every women *enciente* to be very careful. I once had a case in which the child was born with but very little cutaneous covering, all raw and in horrible condition, and lived in great misery only a few days, the mother having been frightened by a man coming into her house with a bleeding, lacerated foot and ankle from a wound on the railroad. I also lately delivered a lady, prematurely in labor at six months of utero-gestation, of a stillborn child, who was frightened by something which she was cooking on the stove running over and creating a sudden flash. On the child's breast and side was a large blister as if it had been burnt or scalded with the substance frightening the mother. I have known two cases of children being born with rolling, upturned, and unfixed eyes, resembling a monkey; their mothers having visited a menagerie while pregnant. Many more such cases could be given, warning women very fully of the great care that should be exercised in this respect throughout pregnancy.

Soft Syphilitic Nodes.

In the *Lancet* for March 27th, 1869, p. 429, it is stated that at the Middlesex Hospital, a lad had just been admitted, under Dr. Murchison, whose wrist, at a casual glance, would suggest the idea of acute rheumatism. But, examined carefully, it is found that there is a puffy swelling *above*, not *in*, the joint. It is elastic and painless, and the movements of the digital tendons are not affected by it. On his sternum, in the right posterior triangle, and on the right shin, are similar swellings, and eight months ago he had on the head. Syphilis acknowledged nine months ago, followed in three or four weeks by great headache, and appearance of the node. He has had spots, and some, but not severe, sore-throat.

Reviews and Book Notices.

The Physical Life of Woman; Advice to the Maiden, Wife and Mother. By GEO. H. NAPHEYS, A. M., M. D., Member of the Phila. co. Med. Soc., etc., etc. Published by subscription by George Maclean, 719 Sansom street, Phila. 1 vol. 8 vo., extra cloth, Price, $1.50.

We have already asked the attention of our readers to this contribution to popular medical literature, and we take pleasure now in giving it a more extended review. There are those in the profession who do not approve of including in works on hygiene anything which relates to reproduction. Health and life are to be guarded sedulously at every point except at that which is most frequently attacked. The laws of alimentation, respiration, innervation and all the other functions are to be taught in schools and lectured on before lyceums, but concerning the laws and hygiene of reproduction, through violation of which more perish than through neglect of any other function, the public are to be kept in deepest ignorance. These are not our views, and therefore we welcome Dr. NAPHEY'S book as a timely and beneficial work.

It is divided into three parts. The first defines the distinction of the sexes, and treats of puberty, its dangers and hygiene, and of love. Under the latter head some sound physiological advice is given on "choosing a husband," on the effects of marriage on woman and man, on the intermarriage of relations, on the age of nubility in man and woman, on the dangers of too late and too early nuptials, on

divorce, on the best time of year to marry, and so forth.

The second part is the Wife. It commences with some salutary hints under the heading "the wedding night," and devotes a number of pages to such inquiries of universal hygienic interest, as, shall man and wife occupy the same room and bed? what kind of bed is most healthful? the indulgence and restraint of sexual desire; the dignity and propriety of the sexual instinct; sterility; over-production, and the limitation of offspring; the production of the sexes at will; the signs of pregnancy; the prevention and nature of mothers' marks, etc.

The latter part of the work goes over the ground of the confinement, nursing and the care of infancy. We especially recommend this portion of the book to students and young practitioners, as we have never met anywhere else in our reading such minute, practical and valuable instructions for the preparations for confinement and treatment of the lying-in woman and the child. We doubt, indeed, if the most experienced will not glean one or more hints from its perusal worth considerably more than the price of the book.

The last chapter is on the diseases, dangers and hygiene of the change of life (the menopause), and at the close of the work the author gives his references. To these we call particular attention as being a guarantee of the faithful spirit of research which characterizes the work, and endows it with a scientific merit of the highest order.

The literary character of the book is deserving of all the praise which we can bestow upon it. Although the subject matter is most difficult to deal with, as may well be imagined, there is not a sentence or a phrase throughout the whole work which can offend the most sensitive delicacy, and the morality is pure and never twaddling. Only those minds who can see obscenity in pure white marble, or can find prurient satisfaction in a museum of anatomy, will see anything objectionable in this book. We regard it as unique of its kind, and believe that physicians will welcome it as a work they can put unhesitatingly in the hands of their female patients as a manual of hygiene in marital relations, and a guide-book in the difficult duties of maternity.

Before publishing it, the author submitted the advance sheets to several eminent medical gentlemen who have endorsed it in the highest terms.

Of course there are points of theory in it which will not meet universal approbation. The writer expresses his views with decision, and some of them, for instance on the intermarriage of relatives, and on the limitation of the family, are not those usually accepted. He is careful, however, to support himself in the notes with very full citations from leading authorities. Whatever disagreement one has with Dr. NAPHEYS' views—and we do not pretend to agree with him everywhere—he certainly has formed them after deliberate investigation, and they are therefore entitled to a fair consideration.

As the book is published "by subscription only," it cannot be obtained through booksellers, but it will be sent post-paid, by the publisher, to any address on receipt of the price; and he informs us that orders of ten or more copies will be filled and sent by express at a very liberal discount to physicians who would wish to place it in the hands of their patients, or students who will act as agents. It is selling with singular rapidity already.

The Mechanism of Dislocation and Fracture of the Hip, with the Reduction of the Dislocation by the Flexion Method. By HENRY J. BIGELOW, M. D., Professor of Surgery in the Medical School Harvard University—with Illustrations. Philadelphia: H. C. Lea. 1869. 1 vol. cloth. pp. 150.

This handsomely printed book, on fine paper, with good illustrations, is a monograph of the most complete character on the accidents of which it treats. The name of the distinguished author is alone sufficient to guaranty its thoroughness.

After a discussion of the anatomy of the hip, follow the regular and irregular dislocations, special conditions of dislocations, angular extension, fracture of the neck of the femur, and finally fracture of the pelvis. In the introduction an abstract is given of the propositions which it is the intention of the author to establish, which indicates at a glance the original character of the production.

NOTES ON BOOKS.

Our Young Folks, the popular youth's magazine published by FIELDS, OSGOOD & Co., of Boston, increases in interest with every number. It has less of the sensational and more of the useful than formerly. Mrs. AGASSIZ is furnishing a valuable series of articles in Natural History, and other writers are supplying articles in History, the mechanic arts, etc., besides the usual quota of interesting and useful stories, music, puzzles, rebuses, etc., etc. We furnish the *Young Folks* to our subscribers at $1.50.

We are very glad to receive *a Catalogue of the Graduates of the Jefferson Medical College*, of this city, from its organization in 1826 to 1869 inclusive. Appended to it is a table giving the Nationality of the Graduates—the total number since the organization being 5,651. It is a very interesting document not only to the alumni of Jefferson College, but to all medical men. All our medical colleges should issue such catalogues. We believe it was in 1850 that the University of Pennsylvania issued a catalogue. It is quite time it had issued a new edition.

——Dr. Lewis W. Oakley, of Elizabeth, New Jersey, who has for eight years held the position of Surgeon-General of the State, resigned recently.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 9, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

WHY IS IT?

We have had upon our table for some days the last edition of Mr. WILLIAM BANTING'S tract "On Corpulence," and at intervals we have been expending upon it a good deal of thought. Not, as some of our readers who do not personally know us, might imagine, that there is any call for us to diminish our own figures. Unlike Falstaff, we are in very reasonable compass. The question in our mind which led us to take up BANTING, and muse over his essay, was this: Why is it, that a non-medical man, retailing to the public some information which he confessedly learned from his physician, secured in a few years for his unpretending pamphlet a sale of 63,000 copies in England alone, and no one can say how many in other countries?

The fact is more extraordinay as corpulence is neither a very distressing, nor a very common, nor at all a painful, or a dangerous condition of the system. How, then, we asked ourselves, did this tract gain a world-wide celebrity at such short notice?

We confess the answer is not yet perfectly clear to us, but on some points we feel sure. Certainly nothing more vividly illustrates the intense interest which the outside public feels in medical facts, if they are only properly presented.

There was absolutely nothing original in Mr. HARVEY'S advice to Mr. BANTING. No claim of the kind was put forward. The same rules of dietetics were laid down by BRILLAT, SAVARIN, nay, by GALEN, CELSUS, and HIPPOCRATES himself. Yet when Mr. BANTING consulted the London physicians of eminence he asserts they put him off with vague directions or unpleasant recommendations.

The avoidance of technicalities is not the only merit of the work. To be sure, a writer ignorant of medical terms may be able to shun them more surely than one to whom they ever present themselves as the fit expressions.

The precise defining of what may and what may not be eaten, is undoubtedly a very strong feature. It is the daily experience of physicians that most patients wish to put implicit confidence in their doctors, and obey them blindly. They, therefore, want full and minute directions.

Then it may be that the very fact that Mr. B. was *not* a physician was in his favor with the public. Otherwise most readers, and none more quickly than professional readers, would have set him down as some empiric, having an axe to grind at his neighbor's expense. There are always thousands ready to cast this stone at associates. They often hit the mark, but they never stop to inquire beforehand about the justice of the transaction.

In this case it was certainly wrong, as most assuredly Mr. BANTING was actuated by none but the worthiest motives. This edition of his tract contains a Prospectus for the purpose of founding and endowing an institution to be called the Middlesex County Convalescent Hospital. Mr. B. handsomely heads the list with five hundred pounds sterling, and moreover, shows in his preface that he has given away in charity every penny the enormous sale of his pamphlet has brought him in. So his motives may not be impugned.

He mentioned as an interesting physiological fact that he finds by careful and repeated observations that sugar is the most fattening article of diet he can eat. He says if he consumes five ounces of it in the course of a week,

he will gain in flesh one pound. We remember that Dr. STARK, in a series of similar experiments, proved that for him suet was the most productive of weight. No doubt different individuals will be differently affected.

VISITING LISTS.

The Nineteenth Annual Edition of Lindsay & Blakiston's "Physician's Visiting List," for 1870, is before us. This long-established and popular business diary is so well known that it requires no extended notice from us.

We have recently compared the visiting lists published in this country with those published in England and Germany, with a view to learn any points in the latter worthy of imitation. The English Lists are plain, with very little reading matter, and a journal sheet on which to journalize the daily entries every month, previously to posting them in the ledger.

The "Preussischer Medicinal-Kalendar" has more similarity, in point of printed matter, to Dr. BUTLER'S POCKET RECORD. After the blank pages for entries it gives a fee-bill, a synopsis of the most important therapeutical preparations and their doses, remarks on prescription-writing, maximum doses of certain dangerous drugs, remarks on nomenclature in drugs, doses for hypodermic use, rules for prescribing *cheap* medicines, (a good idea,) the army supply table, medicinal weights and measures, maxims for medicated baths, diagnosis and treatment of poisonings, obstetric and gynæcological weights and measures, instructions for examining urine, the most celebrated mineral waters and bathing places with the names of attending physicians, a list of public and private insane asylums, a table for calculating confinements, selections from Sneller's test types, and finally a "pharmacopœia elegans," and advertisements. This is more complete than anything of the kind published in this country, and yet the volume is not at all unwieldy in form or size.

There is a second part to this Kalendar which contains a complete list of all the physicians, civil and military, in Prussia. Such a directory is something much needed in this country, and it has been attempted already but not carried out.

—— An Indiana man, "deaf as an adder" for nearly twenty years, was suddenly cured the other day by a fall from a hay-mow. So say the papers.

Notes and Comments.

A Fecund Family.

We obtain the following from the Cincinnati *Commercial:*

McCOY—BROWN—In Carroll Co., Ga., August 8, 1869, to Mrs. Jane S. McCoy, twins; and on the same day, in the same house, to her daughter, Mrs. Ann Brown, twins, all boys. The last named is said to be only 15 years of age; grandmother, 28; great-grandmother, 48.

We should say this was hard to beat.

Prescriptions in English.

Apropos of what we said about writing prescriptions in English in a late number, we have noticed since that the *Dublin Quarterly Journal of Medical Science*—certainly not at all radical, has this notice to correspondents prominently displayed:

"Authors of communications are requested to write the prescriptions in their papers in full and in English."

We notice the printer or his devil made a slight error or two in our model prescriptions in that article, but only such as the reader can readily correct.

Sandstone in Architecture.

The *Independent* says: *Appleton's Journal*, a magazine which combines with remarkable success the scientific with the literary, says that none of the brown sandstone used so freely in New York is capable of resisting the action of rain and frost. Even in Trinity church, confessedly built of the best sandstone, the work of disintegration has commenced. It is very common to see doorsteps, window-caps, and cornices which are flaking off along the lines of stratification. A hundred years hence these buildings will be in a sad state.

We have often had occasion to observe this unfortunate use of sand and other soft stones in public structures. We could instance some public buildings in this city, the beautiful capitol of Tennessee at Nashville, and others. But a very sad instance of the error of using sandstone in works of art, came under our observation a few days since, in Central Park, New York, where there is a group—beautiful in conception and creditable in execution—representing some lines of that beautiful song "Auld Lang Syne," and which, though but a few years old, is fast yielding to the action of the elements.

Photographs of Distinguished Medical Men.

Since the advertisement in our columns of the photographs of distinguished European physicians and surgeons, many inquiries have been made for the photographs of prominent American medical men. We have made inquiry and failed to obtain any, but if sufficient inducement is offered we will try to effect an arrangement between prominent men and some photographer, by which such pictures can be furnished on call.

Electricity.

The view long entertained by some American Scientists regarding electricity is similar to that expressed by the Rev. Father Secchi of Rome, in a letter addressed to M. F. Mazco at Turin, the following extract from which appears in the Paris *Les Monde*: "I believe that the true theory of electricity will result from the principle that electricity is not a motion, but a change of the quantitative and dynamic equilibrium of the ether which constitutes the atoms of the substances, and that the propagation of such a change is brought about by the moving of the ether from one atom to another; this motion shakes, disturbs the ether of the atoms, and thus produces heat."

Regeneration of Limbs.

M. Philippeaux's experiments on the regeneration of limbs have been repeated by Milne-Edwards, who has described some new results in a communication to the French Academy of Sciences. His early experiments on reptiles prove that if the limbs of a newt be cut off, the scapula or ilium being left behind, the limbs will be reproduced; but if the scapula is removed, the limb is never reproduced. His recent experiments with fishes give similar results. If the fin-rays of a fish be cut off, they will be reproduced; but if the part corresponding with the scapula be removed, no reproduction will take place.

Errata.

Several recent numbers of the REPORTER have been marred by numerous typographical errors. We must say that our printers have been unnecessarily careless, but the fault has not been altogether with them. We shall give more personal attention to the proof reading in the future. In last week's number the name of Professor DAWSON, of Cincinnati, appears as *Dauson*, p. 271; that of Dr. J. M. TONER, of Washington, as *Touer*, p. 281; and that of Dr. A. J. CHADSEY, of New York, as *Chadery*, p. 288.

The Insane.

By the census of 1860, it appears that there were 23,999 insane persons in the United States and Territories, at that date, an increase of 8,389 during the previous decade. Probably there are nearly 30,000 insane persons in our country now. In 1860 there were 49 hospitals for the insane in our States and Territories; and more will be reported in the next census.

These 23,999 insane persons are probably members of nearly that number of families; and stand in ties of endearing relationship to many times that number of kindred; all affected, more or less, with the sorrow which dwells in the homes of the insane. Thus, the insane and their sympathizing friends must be counted, in our country, by hundreds of thousands.

More Superstitions,

The *Independent* in noticing the superstition of "biting the snake," recently recorded in our columns, gives the following additional instances:

We know a hale old fellow, about 65 years old, from Pennsylvania, who attributes his complete recovery from consumption, when a young man, to his having followed the prescription of an Indian squaw, who directed him to cut out and eat the hearts of two rattlesnakes, and then hang the reptiles up by the side of the fireplace, and when thoroughly dry, to pound them up in a mortar and take the snake powder in whisky. The more ignorant classes in New York and Pennsylvania have the notion that quinsy can be cured by holding in the mouth a green frog till it dies. The animal is said to absorb the poison from the throat and swell up and die.

Correspondence.

DOMESTIC.

Obstinate Vomiting.

EDS. MED. AND SURG. REPORTER:

Allow me, through your valuable journal, to contribute a *mite* that may be beneficial to some of your numerous readers. I was called early on the morning of Sept. 23d, to visit Mrs. W., a lady about 65 years of age. I found her suffering from great pain in her right side, shooting through to her back. She had been vomiting almost incessantly for several hours. After examining the case closely, I came to the conclusion that there was organic disease of the liver and pylorus. She was almost prostrated from frequent and severe retching. At first she threw up bile, but afterwards nothing but mucus. Her complexion was cadaverous; her countenance anxious. Her tongue was dry, but not heavily furred. It was evident, from the appearance of the patient, that if the vomiting could not be checked, death from prostration would soon follow. After using chloroform in water, charcoal, acetate of morphia, sinapisms, hydrocyanic acid, and other remedies without any satisfactory result, I began to despair saving the life of the patient, as none of the remedies prescribed would remain on the stomach long enough to produce any desirable result. At last I resorted to the use of the Hypodermic Syringe. I injected about one-sixth of a grain of Acetate of Morphia in solution into her right side and arm, and in less than half an hour the vomiting ceased. I visited the patient Sept. 24th and 25th, and there has been no recurrence of the vomiting more than an occasional mouthful of mucus, brought up by wind from the stomach. O. C. ALEXANDER.

Albany, Sept. 25, 1869.

Formulæ for Quinia.

EDITORS MED. AND SURG. REPORTER:

The following formulæ, which I send you, will be found efficacious as tonics or antiperiodics, and not unpalatable to the majority of persons, the taste of quinia and cinchonia being partially or entirely disguised:

℞.	Quiniæ sulphatis,		gr. xv.
	Cinchoniæ sulphatis,		gr. x.
	Acidi tannici,		gr. x.
	Syrupi,		
	Syr. aurantii cor.,	aa.	fʒvj.
	Ol. aurantii,		
	Ol. sassafras,	aa.	gtt.iv.
	Aquæ cinnamomi,		fʒij. M.
℞.	Quiniæ sulphatis,		gr. xx.
	Li . potassæ ars.,		℥xx.
	Acidi tannici,		gr. xij.
	Syr. aurantii cor.,		fʒvj.
	Aq. menth. pip.,		fʒiij. M.

Sig. fʒj ter die. As an antiperiodic, fʒss to fʒjss.

To prevent the slightest bitter taste, which begins to be perceived about a half minute after swallowing the dose, rinse the mouth with water or with cold tea, which is better.

We are all liable to error. "Sweet milk" was alleged, or rather, believed, by a correspondent of the MEDICAL & SURGICAL REPORTER (1869), to disguise the taste of "quinine," but I must say that some mistake was made in regard to it, and yet it may have suited his own taste, as stated, but, that was an idiosyncrasy. I gave it a fair trial several years ago, and also since that statement, using sweet milk, both with and without the addition of sugar, and am prepared to say that it has little or no effect upon either sulphate of quinia or the alkaloid quinia which is less bitter than the salt.

Coffee (if a good article), in strong decoction or prepared by displacement or in powder, disguises the taste of a large proportion of quinia or cinchonia and like bitters, not impairing the medical properties, and, though not new, it seems not to be generally known.

The substance, the taste of which is to be disguised, must be used in form of powder; if dissolved first with an acid, a decided bitterness will be perceived.

A decoction of a certain strength—a weak preparation will not answer the purpose—of a mixture of green and black teas (I have not succeeded so well with either alone, yet there can be no reason why one will not do), after standing with the leaves for eight hours, will to a very great extent conceal the taste of the sulphates of quinia and cinchonia.

Snow Hill, Md., Sep., 1869. J. B. R. P.

NEWS AND MISCELLANY.

—— The number of bathers in the Boston public baths in August was 331,800—an increase over the same month in 1868 of 101,931; 58,670 of the number were of the feminine sex.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

ELMER—GRAY.—Sept. 29th, at Columbia, Pa., by the Rev. B. H. Witherow, Dr. William Elmer, Jr., of Trenton, N. J., and Miss Alice Gray, of the former place.

FINLEY—THOMPSON.—By Rev. J. S. Stuchell. September 23d, at the residence of Mr. Moses Thomson, Dr. F. M. Finley, of Finleyville, and Miss Emeline Thomson, all of Union township, Washington county, Pa.

MEREDITH—STOCKTON.—At Phœnixville, Pa., on the evening of the 21st inst., by Rev. W. R. Stockton, H. Clay Meredith, M. D., and Miss Laura A. Stockton, eldest daughter of the officiating clergyman.

WINANS—SMITH.—At St. George's Church, Hanover Square, London, September 16th, by Rev. A. D. Matthews, B. A., Clinton Winans, fourth son of Ross Winans, of Baltimore, U. S. A., and Mathilde Felicie, second daughter of Ignace Leveaux, Bruxelles, widow of Peter Smith, M. D., of Kentucky, U. S. A., late of Wimpole street, London.

DIED.

HARNED.—At Woodbridge, N. J., on Monday, September 27th, Rebecca S., wife of Samuel P. Harned, M. D., in the 31st year of her age.

QUERIES AND REPLIES.

Messrs. Editors: Please to inform me through your answers to correspondents, as to your opinion of the following case:

Male, æt. 40; good health; occupation, banker; plenty fresh air every day; lives well, but on good diet; nothing of an epicure; for last two years has had an ulcer on septum nasi, of diameter of a three-cent piece, situated in the lower cavity—that is, below the inferior turbinated bone; it does not heal, but forms a crust, which either falls off or is blown out whilst blowing nose, followed by slight bleeding; the edge of the nostril is subject to great irritation, sometimes even involving the whole end of nose, and producing general constitutional disorder; during these attacks it has been my practice to use local depletion by small punctures, and general antiphlogistic treatment.

But the ulcer is my "bugbear." I have tried all forms of local and constitutional treatments, and even the hobby of the day—"Carbolic acid"—has had no effect on it. What would you recommend? P. C. R., M. D.

Wabashaw, Minn.

Dr. G. W. K., of Ind.—Flint's Practice of Medicine costs $7.50, sheep; $6,50, cloth.

Dr. H. T. T., of Pa.—Wishes to know the formula recommended by the Surg. Gen. U. S. A., for preparing aromatic syrup of blackberry.

Dr. E. E., of Pa.—Wishes to know the best recipe for elixir of iron, calisaya, and strychnia.

METEOROLOGY.

SEPT.	20,	21,	22,	23,	24,	25,	26,
Wind.....	S. W.	N. E.	N. E.	N. E.	S. E.	S.	S. W.
Weather.	Clear	Cl'dy rain t. & l.	Cl'dy	Cl'dy	Cl'dy	Cl'dy	Cl'dy
Depth Rain		1-10					7-10
Thermom....							
Minimum..	59°	65°	62°	60°	61°	57°	55°
At 8, A M.	69	68	68	65	69	67	73
At 12, M...	80	79	72	69	73	77	73
At 3, P. M.	83	81	72	70	72	76	72
Mean.....	72.75	73.25	68.50	66.	68.75	69.25	68.25
Barometer..							
At 12, M...	30.2	30.2	30.2	30.2	30.2	30.2	30.

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

No. 659.] PHILADELPHIA, OCTOBER 16, 1869. [Vol. XXI.—No. 16.

Original Department.

Communications.

SPECIMENS IN THE ARMY MEDICAL MUSEUM.

By J. G. F. Holston, M. D.,
Of Washington, D. C.

History of Specimen No. 1020—*Containing almost the entire Uterus, with a large Fibrous Tumor Developed in its Posterior Wall and Fundus, removed by Operation, together with the Ovaries, also in a Diseased Condition.*

Sister Philomena O. S. D., aged 43 years, had, five years ago, an attack of acute dysentery, accompanied with extreme tormina and retention of urine, for which the catheter had to be employed for weeks. Soon after a protrusion was observed from the vulva, which was then, by her medical attendant, and by several other physicians, subsequently, supposed to be the prolapsed uterus. It was easily returned, but could not be retained, by any contrivance the patient could bear, so that habitually it hung between the thighs, to the extent of four inches. Menstruation somewhat irregular, and often in excess, was always discharged from the perfectly natural os tincæ, at the extremity of the protrusion. Extreme attention to cleanliness kept the protrusion from getting sore.

Somewhat over two years previous to this date, some of the sisters and scholars observed a marked alteration in sister P's form, which she herself had not previously noticed, but upon examining herself she found a swelling proceeding from the right groin and extending upward. This was perfectly moveable, rolled over on turning to the left, could be elevated and depressed with ease, gave no pain on handling, and never struck her as being any way connected with the prolapse. Her general health after recovering from the dysentery, was moderately good. Sister P. sent for me, in the early part of July, 1869, and having received the above history, I proceeded to a careful examination.

The patient, apparently in good general health, weighs probably near 200 lbs., quite adipose. The protrusion was found as described, and presented in appearance and size the virgin uterus, somewhat atrophied, covered by the vagina; the fingers could be clasped above and encountered, through the mucus wall, only a cord of somewhat hard consistence. The uterine sound entered about two and a quarter inches. The protrusion considered by me, as well as my predecessors, as the uterus, was now returned, the patient lying on her back with the knees drawn up, and remained within the vagina during the subsequent steps of the examination. The abdomen was now uncovered and presented the appearance of the last term of pregnancy. A tumor was discovered, reaching almost to the sternum, globular, insensible, quite moveable in every direction. Percussion gave the clear resonance of the intestines, above and on each side, the hand could be pressed considerably *under* the tumor, so that it could be elevated with ease from the pubis. The tumor itself gave an *obscure* sensation of fluctuation. The obscurity being ascribed to the thick abdominal covering of fat and the thickness of the cyst. The finger being introduced per vaginam, encountered nothing of the tumor, nor was any motion imparted to the cervix on rolling or elevating the swelling. The uterine sound was introduced as before, and about the same distance, the uterus could be apparently freely moved by it, while no motion of the tumor communicated the slightest motion to the long handle of the sound, external to the

vagina. The conclusion was irresistable that here was an unilocular ovarian-tumor, unattached and most favorable for removal, and sister P., as well as the sister who had all the time been present, were so informed, but at the same time a consultation requested, which, however, from that excessive delicacy often found among nuns was declined, and the case placed totally in my charge. Soon after her next menstrual period I called again, and found the same state of things. With great difficulty I now obtained permission to call in the former medical attendant, who, however, was absent and only called after I had left, and gave no opinion and politely declined assisting at the operation, on the plea of urgent private practise. Contrary to my advice the patient was removed to Providence hospital, instead of being left at her quiet convent home. She had a dose of oil in the evening, and enema the following morning. I operated next day, assisted by a number of prominent physicians of this city.

Operation.—A full history of the case having been given the assistants, the patient was placed in the usual position for ovariotomy—I standing between her limbs. The protrusions had been previously reduced and retained by a Meig's ring pessary. A superficial examination having been made by the assistant physicians, after she was under the influence of chloroform, I first inserted the catheter to empty the bladder, and then opened the abdomen by an incision in the linea alba about four inches in length, penetrating through a layer of one fourth inch thickness of fat and exposed the tumor, which presented the usual appearance of an ovarian tumor. Examination proved it perfectly free from adhesion, and quite moveable, and as yet there had been no misgiving as to its nature. I now passed a large curved needle, armed with a thick cord, so as to have control of the tumor. Here the first indication of evil appeared. I was sensible that I had not fully penetrated to the interior, but a copious flow of mucus, strongly mixed with venous blood, followed. The principal surgeon present remarked, "the cyst is very thick;" to which I replied, "I fear we have a solid tumor"—fluctuation, however, still apparently present, I plunged in a large curved trocar, to the depth of one and a half inches; but neither blood nor any fluid followed. The opening proving insufficient for the exit of the tumor, was enlarged to above the umbilicus. By now drawing on the cord, and pressing the base of the tumor down, it popped out readily, and was followed by the whole mass of the lesser intestines; the two gentlemen stationed at each side with flannel compresses being unable to retain them. The error in diagnosis was now clear enough. It was the uterus I was dealing with. The organ being already wounded, I deemed extirpation the safer course, and as the ovaries both presented hydatiform, degeneration proposed to include them, to which all present assented. The removal was easy enough. The neck of the uterus was enormously elongated, so as to constitute a thin pedicle, the ovarian and fallopian tubes lying close by its side. The part in the vagina was now found to be the elongated and hypertrophied neck of the uterus, including the bulb; and now that the uterus was tilted forward, the sound could be introduced, *with some difficulty*, two and a half inches further than before, when it was partially tilted back. The pedicle formed of the cervix, at the inner os, and a portion of the ligaments, were now embraced in the common ovariotomy clamps, and screwed down into a very slender compass, and all beyond the clamp removed; for security, an additional double ligature was passed below the clamp. There was no bleeding. The intestines, with some difficulty were reduced, the cavity cleansed, and the wound closed, with silver and silk sutures, the clamp lying across the lower part of the incision without much traction. Charpie, moistened in solution of carbolic acid, was applied over the clamp and lower part of the wound, broad adhesive straps between the stitches, and a flannel bandage pinned over all. She was placed in bed at 12 M., the 28th of July; the operation having lasted three quarters of an hour. She was placed on her back, her shoulders a little elevated, and her knees bent, and supported by hard cushions. She recovered well from the chloroform, was free of pain, and only complained slightly of the pressure of the clamp. Examination per vaginam, proved the cavity intact, and still conveyed the feeling of the uterus in situ. She seemed to have suffered little shock; was cheerful and strong; I directed absolute quiet, little lumps of ice when desired; opium, p. r. n.

6. P. M.—The house surgeon having failed to introduce the catheter, I was sent for, and introduced the instrument without trouble; the only difficulty existing, being a flattening of the urethra against the pubis. Drew 8 ℥ of

healthy urine, which quite relieved her. Pulse, 84; thermometer, 97. Tongue clean, surface cool, mind cheerful; no thirst or desire for food. Not expecting to see her again till morning, left the catheter in the urethra, placed a thick cloth under it, which I strongly charged the attendants to change when saturated.

30. 8 A. M.—Pulse regular, and 84; thermometer, 97¾; tongue clean, mind cheerful; complains no more of the clamp; has taken only two bits of ice; but (I am still distressed as I write), the cloths had not been changed, and she almost floated up to the neck in a puddle of sharp urine. She could not possibly be left in *that* condition, so with great caution the wet clothes were removed, and dry substituted—this was the turning point; when done she was evidently weaker.

12 M.—Pulse, 120; thermometer, 99½; tongue clean, intellect clear. Regurgitates the water from the ice as soon as warm, without proper vomiting. Has undoubtedly suffered secondary shock. I again applied the catheter, now armed with a rubber tube, to conduct the urine out of the bed; drew near a pint of urine, which continued to be discharged by the tube.

6 P. M.—Much the same; but thermometer had fallen to 96; urine flowing through tube. Regurgitation continues; no pain.

11 P. M.—Same, but feebler; ordered injections of beef tea and brandy; also, try to give beef tea by the mouth, if retained.

30. 8 A. M.—Had been restless during the night, and for about two hours suffered severe pain, for which she requested me, or the house-surgeon (who does not sleep in the establishment) to be sent for, which was not done. Has *not* received an enema; pulse feeble and uncertain; thermometer, 104½; tongue clean, intellect clear; regurgitates everything, but retained enema of beef tea and brandy given by *myself*. According to promise, I now informed her that she was in imminent danger of death, so that she might have the last consolations of the church, which were accordingly given, without making her state worse.

1 P. M.—Pulse intermittent; extremities cold to elbow and knees; tongue clean and cold; intellect perfect, spoke strong; warm applications—without result. Evidently dying. Took leave of her, with a cheerful greeting on her part. Died at 6 P. M., having for the last hour gradually become drowsy. No post mortem allowed, though the wound was closed, and the pedicle had contracted; solid adhesions to the parietes of abdomen.

The case would undoubtly have recovered, had it not been for the errors in the after care.

The morning after the operation, she was in so pleasant a state (urine excepted) that an experienced surgeon expressed his astonishment at her good condition, and said, he made no doubt of her recovery.

Errors of diagnosis in abdominal surgery have been, unfortunately, quite common, and constitute a formidable drawback in this class of operations. Myself, on a former occasion, assisted by a learned and skillful medical gentleman of your city, and others, was obliged to leave unfinished an ovarian operation, because, in addition to the very large cyst, correctly diagnosed, filled with the usual brownish, glutinous fluid—there was a semi-solid mass of encephaloid character, probably filling the whole upper part of the pelvis, adhering all around, and appearing, as if cast into it. Patient died the fourth day. *A. Courty, Maladies de L' Uterus et ses annexes*, gives a long list of such errors, placing no less than eight to the share of one distinguished American surgeon.

Spencer Wells, on "Diseases of the Ovaries," first vol., page 350, et sup., gives five cases of extirpation of the uterus, of which only the last is pretended to be upon a clear, well-founded diagnosis, and the first on an absolute error, in which also Mr. Clay participated.

Refer also to Clay's list of errors, given in Hewit on "Diseases of Women," page 537.

Nay, there is in the Army Medical Museum a preparation of an "extra uterine pregnancy" (No. 795), extirpated as an ovarian tumor, by a most distinguished surgeon, and the error not discovered till *after removal*. On incision, a stout four to five months old fœtus, scarcely dead, with appendages, was found. The mere enumeration of errors can, however, be of little use, unless the particular source of that error were pointed out for the future guidance of ourselves and others; this has been much neglected.

In the case above narrated, it is evident to me that had I, notwithstanding the large concurrence of signs and symptoms well calculated to deceive, added one other means of diagnosis, the error would have been avoided; examine the patient resting on her knees and breast by means of the sound and the finger in the rectum. Her extreme delicacy and my

full persuasion caused me to neglect this most important means. Had I done so, the sound would have entered five or six inches, and by its moving perfectly with the tumor, disclosed its character. This would also have clearly pointed out the nature of the prolapse, namely, elongated hypertrophy of the neck of the uterus, so well described by P. C. HUGUIER —*Memoire sur les Allongements hypertrophiques*, Paris, 1860. (Observation XIV.) So far as my view of the matter is concerned, I should still probably have operated, but would have done so in a more satisfactory manner to myself, for I am well persuaded that twenty years hence, removal of the uterus will not be looked upon as more formidable than removal of the ovary was twenty years ago. I think in all such cases the ovaries should be removed also to prevent immediate and subsequent trouble of those organs.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

Sept. 27th, 1869.

RECENT MATTERS IN GYNÆCOLOGY.

BY C. D. PALMER, M. D.

(Reported by Dr. Hadlock).

A most remarkable case of amenorrhœa is reported in the *Obstetrical Journal* for May, 1869, occurring in an apparently healthy woman, who, although thirty-one years of age, had not menstruated until after the weaning of her last child, and had not had any lochial flow, although she had passed through six normal labors in a married life of eleven years.

The possibility of the uterine sound being accidentally passed along the fallopian tube into the peritoneal cavity, and its presence felt through the abdominal walls, admits of considerable plausibility, from reported cases by DUNCAN and others. Dr. Duncan has established the fact, that the cervix uteri undergoes a considerable degree of elongation from parturition.

Chlorate of Potassa still maintains its good reputation as a preventive of abortion. It is best adapted to cases of threatened abortion, depending upon disease of the placenta. Its use should be long continued, in doses of iij–xx grs., three times per day. The experiments of Davy and others proved, that when an alkaline salt was brought in contact with the blood, an arterial appearance resulted. This led Simpson to make use of this agent. The bromide of potassium is thought by some to have a good effect in the same manner. It is believed that the results obtained arise, in part, from the fact that syphilis in children is sometimes cured by the administration of these agents.

The uses of laminaria digitata and sponge, as tents, will never, perhaps, supercede each other. The former, on account of small size, is often essential to prepare the way for the operation of hysterotomy, besides, with it, any amount of dilatation necessary, exceeding even that from the sponge, can can be effected, by the union of several pieces into a bundle, tied at its lower and upper extremities. But, for the ordinary uses of tents, the sponge prepared with disinfectants, on account of producing less pain in expansion, and comparative ease of retention, is preferable.

Dr. MEADOWS, of London, recommends that vaginal suppositories be made of neutral soap and pulverized althæa root, in place of cocoa butter. He uses three parts of the former to one of the latter, and regards the materials as cleaner, more emollient, and facilitating the absorption of whatever is incorporated with them, while the vagina fully absorbs greasy articles. The medicinal agents used, and the diseases for which they are specially adapted, need scarcely be mentioned, as suppositories have of late years come into quite general use.

Ergot is a remedy which has met with but very little use in medicine, except in obstetric practice. This is to be explained in part, from the fact that scarce any physiological experimentation has been made with the drug. Brown-Sequard says that "ergot is a special stimulant of the unstriped, involuntary muscular fibres, wherever found." He observed that the vessels of the pia mater contracted under its influence. Its power over the capillaries in all parts of the body—over the heart, stomach, intestines, bladder, and uterus—is marked. It is a mistake to suppose it has no influence over the unimpregnated uterus. This physiological fact becomes, in practice, of great therapeutic value. Dr. Meadows, in a recent number of the "*Practitioner*," speaks of its remedial power in certain uterine affections as most valuable. In sub-involution, chronic subacute metritis, with hypertrophy, diseases of malnutrition, in all these being an increased vascularity of the organ, though mostly of a passive or congestive kind, liable to excessive discharges of mucus or blood, and characterized by increased bulk of tissue. In these, ergot acts beneficially, by lessening vascularity, by diminishing the calibre of the vessels, and inducing a state of tonic contraction of the uterus itself; improving the nutrition of the organ, and imparting a firmer and healthier tone. Amenorrhœa, leucorrhœa, and menorrhagia, dependent upon uterine atony, call for the administration of ergot.

The reaction against the operation of hysterotomy of late is still more marked. There can be no question that some of the advantages of the operation have been greatly overrated. That the operation

has been performed much too frequently without regard to the proper selection of cases; that cures have been reported when only temporary palliation was the result, seems to be the verdict of most in the profession who have carefully watched this subject. Routh, of the London Obstetrical Society, makes some good practical remarks concerning hysterotomy. He divides the operation into major and minor, the former being division through the os internum; the latter through the externum. It is often necessary to dilate before incising, especially if there is much constriction. Too much dilatation should not be attempted at one time (for days) for fear of some form of "itis." He objects to the use of the scissors, employed by others, because permanent interference with the circulation must result, from cuttting the cervix through and through. He recommends his own hystriotomic, which makes a bilateral incision. After which, a piece of muslin, soaked in a weak solution of carbolic acid, is introduced into the wound, and daily removed. The patient is directed to remain in bed one week, until the parts are healed; then a bougie is passed daily or bi-daily, for a period of two weeks, to prevent contraction. He selects, as the best time, that following the menses, and never performs the operation in his office. The objects the operation bears in view are—the relief of obstruction, dysmenorrhœa, sterility, and flexions. In selecting cases, special attention must be had to avoid anæmic, broken-down, rheumatic, or gouty subjects.

Scarification for inflammatory affections of the os, and intra-vaginal portion of cervix, has been long recommended and frequently practiced by the best gynaæcologists, on the same principle that local deflection is resorted to for other inflammatory diseases; but it is to H. R. Storer, of Boston, that we are indebted for prominently bringing before the profession the utility of intra-uterine scarification, for chronic endo-metritis and metritis. Dr. Miller, of Dorchester, Mass., first made use of intra-uterine scarification, with an instrument of his own invention, as far back as 1863, which has been improved upon by Dr. Storer, and still more recently by Dr. Pinkham, of Lynn, Mass.

The subject of *intra-uterine injections* has met with very many animated discussions in this country and Europe; the verdict of the profession at the present time is against their use. Still, the amount of benefit to be derived from their proper administration in chronic endo-metritis with uterine catarrh s so much greater than by any other possible means of local application, by unfolding a greater extent of the diseased surface, that it is well to bear in mind the necessary precautions which should unavoidably be taken. 1. Secure full dilatation of the uterine canal, permitting the escape of the injected fluid; to this end use sponge, laminaria, or has been suggested by Dr. Kammerer of New York, the dilators of metal; 2. Let the uterine cavity be cleansed of all secretion by injections with warm water or wiping it out with cotton wrapped on a probe; 3. Let the temperature of the injected fluid be about that of the body. The quantity of the fluid (caustic) should not exceed a half drachm; much less will frequently suffice; 5. The fluid should be injected slowly and gently, drop by drop.

In the June number of the *Edinburgh Medical Journal*, Dr. Duncan speaks of "Inguinal Site of Para-Metritis Phlegmon and Abscess," an affliction far from uncommon, and whose situation is far from being definitely defined or described. It does not resemble either of the above named affections, but it it essentially an inflammation of the cellular tissue along the inguinal canal, leading sometimes to abscess, with no immobility of the uterus, no roughness or hardness within the pelvic cul de-sacs; but hardness, swelling and tenderness along the inguinal seat, following delivery—to be treated by blistering, poulticing and the knife when suppurating.

Dr. G. H. Kidd has an article in the February number, this year, of the *Dublin Quarterly*, on surgical treatment of polypoid and friboid (intra uterine) tumors. Patient being under chloroform; after having dilated the uterus with sea-tangle tents, six or eight in number, placed side by side, the length of the cavity, to the extent desired; the uterus dragged down near the vulva, with a vulsellum forceps, and the ecraseur applied.

In the treatment of *inversion of the uterus*, a good rule in recent cases is, to attempt the reduction of the part *first* which has inverted *first*; but in chronic cases, as recommended by Dubois and others, return *first* the part inverted *last*. In the former class of cases, the os is sufficiently large for the whole organ to pass through, but in the latter, it must be enlarged by the fingers at the roof of the vagina. Dr Barnes makes three longitudinal incisions into the os, so as to relax the circular fibres, and then applies taxis. Cases are now and then reported, showing that pressure, employed steadily and for a long time, is successful in reduction, when various other means fail; as, for instance, the case reported in the last number of the *Obstetrical Journal*, where the caoutchouc tampon, retained in the vagina some fourteen days, and kept continually distended to the utmost with water, succeeded, after seven failures to replace the uterus, both with hands and various instruments.

Anteflexion, says Dr. Jacobi, of New York, is congenital in a majority of cases; less than thirty per cent present any symptoms, and is normal to early life, being always present. The changes in the adult position is effected, not by changes in the organ itself, but by changes in the neighborhood. In the infant, if the bladder is empty, the uterus is anteflexed; if full, it is straight. In an adult, after the organs have grown, the uterus is kept up.

Retroflexion, never congenital, is always the result of diseases, such as tumors and adhesions, mechanically dragging the fundus out of position—or it is dependent upon uterine atony, the result of inflammatory action.

The operation of *ovariocentesis vaginalis*, says Dr. NOEGGERATH of New York, is applicable to certain cases of ovarian tumors, especially large, simple cysts, which can be reached per vaginam, behind the uterus. Adhesions when strong and extensive afford some contra-indications; still it is known that they often undergo atropic degeneration when their source of nutrition is cut off. It is known that the presence of adhesions between the cyst and the structures within the pelvis are strong objections to the operation of ovariotomy. Such, however, are favorable to this operation. Walls thick and hard afford no special barrier, since they can be cut layer by layer with the knife; even if the tumor is of the colloid form, it has met with success. When compound, secondary and tertiary cysts exist, subsequent operations are required, dependent upon the relative location of the tumors. The operation as described by Dr. Noeggerath in the *Obstetrical Journal* for May, consists in first dividing the vaginal wall behind the uterus, which is steadied and pushed toward the pubis with the sound, introducing trocar into the tumor, drawing off its contents, pulling down with a hook the edges of cyst and uniting them with silver wire sutures to the edges of the vagina—maintaining a prominent opening—injecting solution of carbolic acid until sac is obliterated. Favorable statistics of 34 successful cases in 55 operations are reported from various sources.

Ter-Chloride of carbon in solution, makes a valuable local application to malignant diseases of the uterus. Acting as a decided local anæsthetic. It subdues pain, suspends hemorrhage, and removes fetor.

EDITORIAL DEPARTMENT.

Periscope.

Osteo-Pathology.

We learn from the *Lancet* that Professor LANGENBECK has recently read a paper before the Berlin Medical Society on the subject of "Morbid Increase of length of the Long Bones." In this paper he has called attention to the fact that the long bones, when subject to irritation during the growing period of life, are apt to increase in length and thickness. It seems strange that in all the experiments on the subject of bone growth it never occurred to any one to compare the bones of the corresponding limbs. He has observed in various cases where the bone has suffered from some continued irritation—for instance, a joint inflammation, or a necrosis—that lengthening of the limb has followed. In one case, that of a little girl about nine years old, who had suffered for six years from chronic inflammation of the elbow-joint, he found, though the bones of the forearm in both limbs were of similar length, the humerus on the deceased side measured one and a half centimetres more than that on the sound. A man, fifty-six years of age, who had had disease of the tibia since he was three years old, was admitted to the clinic with carcinoma recti, for which he was operated on, but died a few days after. On comparing the bones in this case, the diseased tibia was found two centimetres longer, measuring from the inner condylet the point of the maleolus internus, and from the front borders of the internal joint surface of the knee along the crista to the front border of the ankle-joint, no less than four and a half centimetres. The tibia, though generally thickened and enlarged along its entire length, showed a diminution in amount of joint surface. The fibula was two centimetres longer. In this case it appears that the fibula had grown proportionately with the tibia, but this, as Professor Langenbeck says, has been previously observed by Paget and others. From his observations he draws three conclusions, viz.:

1. Morbid causes which produce irritation, and hyperæmia of the bony tissue, have as a result, as long as the bone-growing period lasts, an increase in length, as well as in thickness of the bone.

2. The increase of length concerns principally the diseased bone, but it can also be observed in a healthy bone of the same extremity.

3. The bone lengthened through this increase of growth retains its dimensions through life. An after-shortening through resorption does not take place, even although the original cause—viz., the bone disease—should long since have ceased to exist.

He then makes the proposition,—if it be not possible to artificially regulate the growth of bone, and through that to hinder or accelerate it. With this view he made an experiment on a dog about eight weeks old, by inserting ivory pegs into the femur and tibia of the left side. About four months later, the dog was killed, and on comparing the experimented bones with those on the opposite side, he found that, "the femur showed no alteration in

shape, but the joint surfaces of both hip and knee-joints were slightly smaller, the diaphysis slightly thickened and uneven * * * * The tibia, in the diaphysis, of which two ivory pegs had been inserted, showed these changes somewhat more strongly marked * * * * On measurement, the femur and tibia both showed an increase of five millimetres in length, making in the whole limb an increase of ten millimetres." It appears from this that both bones presented elongation and thickening of the diaphysis; but the epiphysis had become somewhat smaller. Here, also, the fibula was lengthened to a corresponding extent as to the tibia, though that could only have been caused by the extension exerted on it by the growing tibia; and, what is still more remarkable, it had obtained this without losing its connection with the tibia, as took place in a case described by Parise.

Professor Langenbeck appears to think that though there might be some difficulty in persuading a patient, for instance with a shortened limb through paralysis, to submit to five or six months' lying in bed, yet this observation may be of considerable importance to orthopædic surgery, inasmuch as it may be possible, by an application of extension apparatus, to so regulate the power that the bones themselves may actually undergo an extension.

Fatty Degeneration of the Placenta.

Mr. MORGAN writes to the *Press and Circular*: The frequency of premature expulsion of the fœtus in cases of syphilitic infection has been the source of some speculation when the fœtus has arrived at such a period as to be otherwise viable. The occurrence of fatty degeneration of the placenta, so well described by Dr. BARNES as an efficient cause of defective nutrition to the fœtus, is well illustrated by the following case just now under my notice:

C. S., Ward No. 11, aged thirty-two, admitted June, 1869, has already given birth to three children at nine months, both dead born; she has been diseased twice; once about three years ago with discharge and bubo, and had a rash four years ago; has been suffering from nocturnal pain; is thin and worn, but not affected by any phthisical influence, and is pregnant, between the seventh and eighth months; the motions of the child have not been perceived. For eight or ten days, and for three days previous to her confinement, she has been complaining of weight and uneasiness. On July 26th, after a labor of about three hours duration she was delivered of a dead and slightly decomposed fœtus, the placenta, which followed directly the delivery, was very soft, pale, and rent on the slightest handling, so much so that it was difficult to keep it intact. It appeared to have suffered complete degeneration, greasing tissue paper by contact, and the tufts becoming more distinctly vascular by washing with ether.

The fœtus presented no internal evidence of disease, all the organs being healthy and well formed, corresponding to the eighth month.

The Pons Varolii the Nervous Centre of General Convulsions.

H. NOTHNAGEL (*Virchow's Archives*) arrives at the following conclusions in regard to the *nervous centre of general convulsions*, which are derived from actual experiments. The centre of general convulsions is situated in the substance of the pons. Its lower boundary is corresponding to a section at the height of the inferior border of the pons. The faculty to perform the function of a centre of spasms is to be denied to the substance of the medulla oblongata.

Finally, he endeavours to prove that the spasms are produced by way of reflex. In some instances the section of the medulla oblongata had been made below the pons, the animals remaining absolutely quiet. Again: the convulsions occurred if the section had left a portion of the pons connected with the medulla oblongata, showing the centre of action to be situated outside of the medulla.

At last the anatomical condition of the region of spasms is confirmatory to the view of reflex action. The region nearly corresponds to the situation of the gray nuclei and root-fibres of the sensitive cranial nerves. While the nuclei and roots of the motor cranial nerves are near the raphe, those of the sensitive nerves are more lateral. The root-fibres of the portio major trigemini, in particular, descend, according to Schroeder van der Kolk, through the whole length of the medulla. This anatomical condition, it must be conceded, is no direct proof of a reflex action, but it renders it admissible and plausible.

From all this it seems that the convulsions following the injury of a defined region on the floor of the fourth ventricle are to be explained as spasms induced by reflex action.

Diseases of Miners.

Dr. J. S. CARPENTER says, in the *Trans. Pa. Med. Soc*: For many years I have observed the chronic blood-poisoning, the peculiar anæmia or toxæmia, common among miners. It is to this, as the basis, that I refer the anomalous and varied nervous symptoms of these cases. In my report to the Medical Society of the State of Pennsylvania for 1865, I briefly alluded to this subject. These nervous symptoms may affect the muscular apparatus, the digestive organs, or the heart—producing dyspepsia, tremors, vertigo, palpitation, etc.—entirely independent of organic disease, yet surely sapping the foundations of life and health.

The respiratory apparatus presents us a very large percentage of cases of disease among miners. Bronchial irritations are continual—chronic bronchitis

becomes often a constitutional affection, attended by great debility. A peculiar asthmatic character of cough is generally noticed; emphysema is detected on physical exploration, and the sputa are black, often streaked with blood. Miner's asthma is chronic bronchitis, with thickening of the air-passages, emphysema and nervous distress in breathing. These chronic troubles may last a lifetime, without being rapidly fatal, or necessarily so. But acute pneumonia supervenes in many cases on some exposure, and is very apt to prove fatal. If not, a chronic softening of the lungs may occur, in other words, phthisis, which is a frequent disease among these men, and generally an incurable one.

The continuance of the effects after the patients have left this occupation is very remarkable. The black expectoration is observed for years after ceasing work in mines. I saw, a short time since, a patient suffering from chronic bronchitis, with coal-dirt sputa, who has not entered a mine for nineteen years.

A gentleman of Pottsville, under my care, is now recovering from pneumonia, with softening and abscess of the lung, who in former years was engaged in mines, but has not habitually entered them for eight years past. During his recent illness the characteristic black sputum was constant.

My experience for fifteen years as the *longevity of miners* is unfavorable. It is an ordinary observation to make in a mining village of the great disproportion of young to old men; also, of the great excess of old women over old men. Few men are found exceeding fifty-five years of age; I do not recall any who have steadily pursued this occupation. Now, in our agricultural region, this is very different. Take the region south of the Sharp Mountain range, (which divides the coal measures from the farming districts,) and we will find quite as many old men in proportion to the total population, as in any county of Pennsylvania, and no great disproportion of old women as compared with old men.

This question of longevity is a very important one. Especially when called upon to give advice in cases of life insurance, does it become physicians of this Society to give just views of the risks run in mining occupations here. The medical man must decide not only in the individual case, but be able also to give reasons for establishing general rules for guidance of these institutions when doing business in this region. The risks from accident in our mines exceed those on railroads—embracing not only the elements of danger there found, but in addition those which arise from expulsions of fire-damp, and accumulations of choke-damp in the workings.

The medical adviser will probably estimate the risks from the last sources as, at least, equal to the ordinary risks of accident from machinery.

To these must then be added the daily injury sustained or suffered from predisposing and exciting causes of disease, as elaborated above.

On a full review of the whole subject, I could not conscientiously advise any life insurance company to do business among miners, except on short periods of risks, and at large increase of percentage.

Stillingia in Syphilis.

Dr. J. C. M'Mechan, of Cincinnati, Ohio, writes to the Detroit *Review of Medicine and Pharmacy*, for February, 1869, p. 100, in praise of this drug in the treatment of syphilis.

In the *American Medical Recorder* for April, 1828 (vol. xiii, page 312), Dr. Simons recommended the use of stillingia in secondary syphilis, in place of mercury. This article, at the time, attracted considerable notice, and the drug came into popular use. Drs. Lopez and Frost also wrote in favor of its use and confirmed the views of Simons in regard to its efficacy in syphilis.

For the past few years, owing to some unaccountable reason, it has been seldom prescribed.

We have used the drug in a certain form of syphilis, and with the finest results, and have seen Dr. Dawson, Surgeon to the Cincinnati Hospital, prescribe it frequently, with the most marked effect, when other remedies had failed.

The form of syphilis in which it is most useful, is secondary, where the symptoms of tertiary are just beginning to manifest themselves, but it is also useful later in the tertiary form, in combination with iodide of potassium.

In secondary syphilis, in broken down subjects, mercury is, of course, objectionable, and if administered, cannot be carried to the point where it would have a marked effect upon the syphilitic eruption. If mercury cannot be administered, there are but few remedies left to prescribe, and the principle ones, perhaps, are sarsaparilla, and iodide of potassium. The latter remedy is very good in the tertiary form, but in the secondary, it has been found almost inert, having but very little, if any, effect upon the eruption. Sarsaparilla, at one time, had quite a reputation, and it was next to impossible for a patient to recover without its administration. It is now seldom administered, except for its moral effect, unless outside of the regular profession. Now, in primary, we have iodide of mercury (and in healthy subjects it is the proper remedy in secondary), and in tertiary, the iodide of potassium. But here is a vacancy, what is the remedy in secondary when the patient is broken down in health or when mercury has been used without effect? There is but one remedy in the materia medica that can fill the vacancy properly, and that one is stillingia. For broken down patients with the syphilitic eruption, to patients on whom mercury has had no effect, and to patients in whom the bones have become affected, and the secondary

manifestations still continue, let this remedy be given.

The best preparation of the drug is the stillingia, and of this, two grains can be given three times a day. Of course the drug is not to be relied on to the exclusion of other remedies, such as tonics, iron and supporting remedies, but it is to be used in conjunction with them.

Dr. Mc'Mechan details two cases in which this remedy was given with advantage.

Dioscorea Villosa (Wild Yam.)

Dr. C. T. Hart, of Wisconsin, details the therapeutical value of this plant in the St. Louis *Medical Journal* as follows:

Commencing with disorders of the stomach, we will find it useful in allaying vomiting attending painful gastric irritation. In cancer of this organ, it is superior to any agent in soothing the pain, distress, and vomiting attending it. Passing into the duodenum and tracing up the common duct into its minute ramifications in the liver, we find that here too it seeks out its special affinities, and often, like magic, dissipates the pain, irritation and spasm of these tubes, which give rise to bilious colic; and by removing the obstructions and abnormal regurgitating action of the intestines, opens the way for pent-up acrid bile to resume its natural channel, and pain, vomiting and distress rapidly disappear. In no disease, probably, is any single remedy more prompt and certain in action than the dioscorea in bilious colic.

Continuing further down the intestinal tract, we find that its beneficial action is not confined to the upper portion alone, but that it grapples diseases of the lower bowel as well, when attended by the peculiar conditions—pain and spasm. Thus in tormina, the painful tenesmus of dysentery, it is prompt to give relief, and can be most advantageously combined with other remedies in treating this distressing disease.

We can also trace it to the uterus, and in that form of dysmenorrhœa dependent on spasmodic irritation of the mucous membrane of the uterine neck, it acts promptly, and is a valuable adjunct, if not in every case singly equal to the task of removing the disorder.

So too with the bladder. Dysuria, arising from irritation of the neck, yields promptly to the dioscorea, either alone, or, better, associated with other agents. Other diseases may be mentioned, but these examples are sufficient to point the physician to the general class of diseases in which this agent is indicated.

From what has been said, it would appear that the dioscorea may be classed as anodyne and antispasmodic, allaying excitement, and secondarily relaxing muscular tissues. In certain cases it will relieve pain where all preparations of opium entirely fail. This fact, together with its specific and unvarying action on certain diseased tissues, places it among our positive remedies, and renders it doubly valuable to the physician. The preparation usually used is the fluid extract, which contains very nearly, if not all, the virtues of the root, and may be relied on in the treatment of the above mentioned diseases.

Opium and Belladonna.

The antagonism of these drugs is so important to be established, that we take the following cases from the *Trans. Pa. Med. Soc.*

Three cases following are given as contributions toward the subject of the antagonism of opium and belladonna, as well as opium and stramonium. The first and second cases occurred in the practice of Dr. James S. Carpenter, of Pottsville, the third in that of Dr. Krecker, of Cressona. It is believed they will be useful as helping to give data for clinical proof of this antagonism.

Case 1. J. M., mechanic, generally healthy, took for a cold, by mistake, a strong infusion of the leaves of stramonium. His wife was in the habit of giving him a bowl of boneset tea for his colds, and, by mistake, gave the Jamestown weed, nor was the error discovered until he became delirious and insensible.

I was called to see him an hour after he had taken the poison, and found him cold, clammy, almost pulseless, delirious, restless, wanting to get out of bed but unable to stand, with convulsive motions of the lower extremities, inability or great difficulty in swallowing, pupil dilated to the fullest extent, loss of vision, catching at his throat.

I attempted to give him emetics, but did not succeed, applied external stimulants and heat without benefit. Taking into consideration the similarity of symptoms with those of poisoning from belladonna, I resolved to administer the sulphate of morphia hypodermically. Accordingly, I injected about half a drachm of the officinal solution into both arms. In half an hour, the convulsions ceased, the delirium subsided, and he slept most of the night, and was able to take some nourishing drinks. The only trouble for some days was dysuria with some dimness of vision.

Case 2. J. G. B., æt. sixty-five years of age, subject to rheumatic gout, took about forty drops of fluid extract of belladonna for pain in the knee. I was called to see him in two hours after taking the medicine. Found him with a cold, clammy skin, weak and thready pulse, dilated pupils, great difficulty of deglutition, comatose, and convulsed. My friend Dr. Palmer had administered emetics and other remedies without effect, and the patient seemed almost in a hopeless condition.

We gave him a teaspoonful of tr. opii every hour, until he had taken three doses, when the quantity was diminished one-half, and the intervals lengthened. After the second dose of laudanum had been

given, the convulsions ceased, the delirium lessened, and he sank gradually into a quiet sleep, the pupils contracted, the skin became warm, and all alarming symptoms subsided. The delirium continued in a mild form for twelve or fifteen hours longer; but after sleeping, with slight intermissions, all night, he awoke the next morning in his right mind.

I think there can be no doubt that his life was saved by the administration of the opium, of which he took altogether about half an ounce. Emetics, external stimulants and other appropriate treatment had been tried without benefit, before giving the opium; and the effect of the latter was so marked in alleviating the urgent symptoms, that I am satisfied that in this case the opium acted as a direct antidote to the poison of the belladonna.

Case 3. I was called, April 2d, 1869, to see E. B., a robust male infant of three months, under the influence of an over-dose of laudanum, administered by the mother to quiet a little restlessness.

No reliable information could be obtained in reference to the quantity. The little patient was found in deep coma, the surface pale, lips and angles at alæ nasi livid, muscles relaxed, breathing slow, labored, and stertorous. The iris was strongly contracted, a veritable pin-hole pupil; the heart's action was feeble.

Gave immediately six drops of tr. belladonnæ, time, 2.45 P. M. Cold water was dashed on the surface, and sinapisms applied to the extremities, while respiration, which was at times quite feeble, was occasionally assisted artificially.

In forty minutes, the iris had become a little more relaxed, and a better color appeared on the surface. Gave five drops tr. belladonnæ. Patient continued to improve, the circulation getting better, muscular action returning, and the pupils becoming more dilated.

At 5 P. M. Dr. J. G. Kœhler arrived, and advised three drops more of tr. belladonnæ, with applications of ice to the spine. At 7 P. M. gave three drops tr. belladonnæ, and at 7.45 left the patient with the pupils of full size, the circulation and respiration good, readily roused, crying lustily.

Called next morning and found the little patient bright and lively.

The Single Flap Amputation.

Dr. Carpenter, in the *Trans. Pa. Med. Soc.*, says. This operation has met with some success in army practice. Originated in Bellevue Hospital before the late civil war, it was first employed in the army by one of the Bellevue Hospital surgeons, Dr. Wm. Henry Church. As Medical Director of General Burnside's army, he issued instructions to the surgeons of that force, while on the North Carolina expedition, requesting them to employ the anterior flap method in amputations of the leg and thigh. The results of the practice were exceedingly satisfactory, and led to a repetition of these instructions to the medical officers of the army of the Ohio, as well as to a short article in the *American Medical Times* from the pen of Dr. Church.

In giving directions for the operation, he insists upon making the length of the flap sufficient to reach to the rear of the stump without stretching, and that the soft parts, posteriorly, to be divided by a perpendicular sweep to the bone.

The advantages claimed are, first, with regard to the wound:—

That the vessels are divided transversely (as in the circular method), and more readily secured.

That drainage is more perfect, and therefore less liability to bagging of pus exists.

That union by the first intention is more likely to occur under the above circumstances.

Second, with regard to the stump: That no tenderness can be caused by pressure upon the nerve in the face of the stump, inasmuch as it has been cut off, with the main vessels in the rear. That an unbroken surface of the normal tissues extends across the end of the bone, not liable to bruising, or to ulceration, or tearing open.

That an artificial limb can be adjusted much more satisfactorily, its pressure being exerted mainly against the anterior portion and face of the stump.

With these few remarks on the general ideas of the anterior flap operation, I will relate the history of the case, whose results can now be examined by ocular inspection.

David Llewellyn, æt. 12 years, was injured August 17, 1865, by falling under loaded cars, while they were in motion. Examination disclosed such extensive laceration of the muscles and integument, that, although no fracture existed, and the femoral artery was intact, amputation was recommended. Consent was refused by the parents, and the limb was dressed under protest, and with a full and explicit statement that mortification might be expected. This set in about the fourth day, and life was despaired of. Upon the thirteenth day after the injury, with well-formed lines of demarcation, the posterior part of the limb, as high as the middle of the thigh, being in a state of moist gangrene, it was resolved to amputate.

The parts were most favorably disposed for the anterior flap operation, the gangrene having spared much of the anterior tissues of the leg and thigh. Accordingly, assisted by Dr. James S. Carpenter, I transfixed the thigh anteriorly at its middle third, and carried the knife down close to the bone, until it nearly reached the knee, where I completed the flap. A perpendicular cut was next made posteriorly, dividing everything down to the bone, on a level with the base of the anterior flap. After removing the bone, and tying the arteries, the flap was drawn over the bone, and united posteriorly by interrupted sutures.

The progress toward cure was perfectly uninterrupted, and the results are, as may be seen, highly satisfactory.

Remarkable Case of Catalepsy of Fifty-four Day's Duration.

The *Presse Medicale Belge* narrates the following: A stout girl aged twenty, menstruating since sixteen years of age, but suffered at each period severe abdominal pain, with a scanty flow. When seventeen years of age she got a convulsive attack, which lasted eight days; since that date she frequently suffered from similar attacks, which, however, only lasted about a quarter of an hour. On the 24th of December, 1868, being accused of a theft, she threw herself into a river, from which she was soon extricated, and restored with much difficulty. She had fits of trembling, violent movements of the limbs, sighing, and distress; she attempted, when asked, to show her tongue, but could not; the pharyngeal muscles were paralysed. On the next day loss of consciousness was complete; the jerking of the limbs continued; twitching of the facial muscles; respiration very feeble; pulse rapid; urine passed involuntarily; the eyes often remained open for two or three hours without winking; the temperature was 30° R., and the pulse as high as 130. In this condition she remained seven weeks. The face was without the least expression, the eyes were open for hours, and the whole muscular system was relaxed, the limbs remaining in whatever attitude they were placed, and the mouth open till closed by the bystander. Fainting fits came on, and temperature of the body fell so as to simulate death—at one time she was absolutely thought dead. After the eighth week spent in this condition, she suddenly revived, and gradually was restored to health, and declared that she was perfectly unconscious of the immersion, and her having remained for so long a period in this insensible state.

A True Tail.

William B. Owen, in the *British Medical Journal*, says:

I delivered the wife of a farmer in Essex of a full grown, well developed female child. To the extremity of the spinal column of the infant was attached an appendix, which was in every respect a tail. It resembled in form and appearance that of a pig about three or four months old. It was about the length and of nearly the thickness of a little finger, tapering at the end. It was well supplied with nerves and muscles; and, as it lay at rest, it was curled up over the back, and was moved actively upon being touched. Unlike the tail described by M. Gosselin, it was not soft; but resisted the pressure of the thumb and finger just as would that of a pig. It evidently consisted of a cartilage, but was rather less hard. The mother having expressed great anxiety for its removal, I applied a silk ligature about the fifth day; this completely effected its object in about four or five days. The child was restless during that period, but in other respects did not suffer at the time from the operation. She was, however, less fortunate in the after consequences; for, although she lived to about twelve years of age, she could never walk without the aid of crutches, or without holding on to a chair. She subsequently died from hæmoptysis. The parents would not allow a post mortem examination. I presented the tail, with its history attached, to the late Mr. Bransby Cooper, who placed it in the museum of Guy's Hospital; where, I have no doubt, it may still be seen in alcohol.

Treatment of Rheumatic Fever by Perchloride of Iron.

J. Russell Reynolds, M. D., F. R. S., London, called attention to this agent at the last meeting of the Brit. Med. Assoc. The marked effects of tincture of perchloride of iron in such diseases as erysipelas and diphtheroid sore throat had induced Dr. Reynolds to try it in acute rheumatism—which agreed with the others in coming under the class of "spreading" inflammatory affections. He had given it in eight cases, with such success as would justify a further trial. Having given brief histories of the eight cases, he directed attention to certain points. 1. The relief of the joint-affections was definite, uniform, and speedy. In four cases it was removed in one day; and the longest period of suffering after the commencement of the treatment was five days. 2. Excluding one fatal case with cerebral symptoms, and another where there was intercurrent pneumonia, the temperature became normal between the second and the seventh days; the mean duration of pyrexia being a little less than five days and a-half. 3. Excluding again the two exceptional cases already mentioned, the total duration of rheumatic fever from the outset varied from seven to fifteen days, giving a mean of ten and a-half days. 4. The earlier the iron was given, the shorter was the duration of the disease. No headache or other symptom of discomfort was produced by the iron.

Advantages of Tapping in the Treatment of Ovarian Tumors.

George Southam, Esq., Manchester, at the Brit. Med. Association, remarked that ovariotomy was now considered a legitimate operation; but, as the mortality was still very high, it ought not to be resorted to so long as the disease for which it was undertaken could be kept in check by other means, provided they did not impair the patient's general health and interfere with the success of ovariotomy. This, he believed, could be frequently effected by tapping. He gave the particulars of three cases, showing that it was sometimes followed by such favorable results, that it might be regarded almost

in the light of a curative agent. One patient was tapped in 1843, and again in 1846. On each occasion, upwards of twenty quarts of fluid were removed. After the second operation, there was no return of the disease for nineteen years. Another was tapped in the same year, six quarts of fluid being removed; she has remained in perfect health up to the present time. A third was tapped in 1865, when upwards of twenty quarts of fluid were extracted; and she also continues free from any return of the swelling. The cases were all unilocular cysts; and, as a fair proportion of ovarian tumors were of this character, he considered that, by resorting to tapping, the risk of ovariotomy might occasionally be avoided. Should tapping not prove successful, he considered that it generally placed the patient in a more favorable condition for ovariotomy. He referred to seven cases where he had performed ovariotomy subsequently to tapping, only one of which was fatal. He considered that patients submitted to ovariotomy in any early stage of the disease did not recover so favorably as those where the affection had been of longer duration; and, as tapping enabled the surgeon to delay the extirpation, he advised that it should be first resorted to, except under especial circumstances. He had found that ovariotomy in recent cases was frequently fatal from peritonitis. This, he considered, arose from the extreme sensitiveness of the peritoneum, which was lessened by the continual friction of the walls of the tumor against that membrane. He did not recommend a repetition of tappings, having found the second and third operations to be not unfrequently followed by suppuration of the cyst. He concluded by comparing tapping, as performed in former days, when it was attended with considerable danger, with the plan now adopted, which had rendered it comparatively free from risk.

Maternal Influence During Pregnancy.

The *British Medical Journal* says:

A woman during pregnancy was horrified at seeing a man whose ear had been mutilated. Her child, a girl, was born with her right ear presenting a similar appearance. This girl grew up; and her sister, whilst pregnant and during a fit of anger, called her "old one ear." She retorted, saying that she would be sorry one day for speaking of her deformity in that manner. After this, the sister felt some remorse, and feared the effect on her child, knowing how her sister's deformity arose. Her child, a boy, was born with his right ear deformed like his aunt's. The inferior portion of the pinna appears as if a large portion had been torn away, and the contraction of the cicatrix had obliterated the concha and external meatus. The parts recognisable are, an almost straight helix puckered at the lower end, a small lobule; the antitragus and tragus united; the antihelix, concha, and external meatus obliterated.

Trephining.

Baron Larrey, on presenting to the Academie des Sciences a copy of the memoir he has recently published in the *Memoires de la Societe de Chirurgie*, observes:—"The analysis of more than 160 cases of traumatic lesions of the head, a portion of which have occurred in my father's and my own practice, enables me to come to the following conclusions—viz., valuable as is the operation of trephining in the practice of surgery, it still should be reserved for well-defined cases and precise indications, and not undertaken with precipitation and in doubtful conditions, under the penalty of aggravating the accidents, and hastening a fatal termination; while the prompt and rational application of other therapeutical resources will, in the great majority of circumstances, second the marvellous efforts of nature for the cure of the most redoubtable injuries. I may also remark, as I have done many times on other questions, that such treatment, which is essentially active, substituted for the removal of a portion of the cranium, constitutes in these cases true conservative surgery (which is not to be confounded with expectation), to which I have devoted all my efforts during my career of thirty years."

Uræmic Diarrhœa.

J. Milner Fothergill, M. D., Darlington, at the Brit. Med. Assoc., alluded to the power possessed by the secreting cells of certain excretory organs of not only appropriating their own peculiar materials, but of eliminating other materials when in excess. As an example, the kidneys in some cases of jaundice excreted biliary matter; and all were aware of the capacity of the intestinal canal to supplement the kidneys. He then drew attention to the diarrhœa frequently accompanying chronic renal disease, advancing the view that it was to be regarded as a salutary action, freeing the blood from effete products, and relieving the kidneys of their work. It was rather a compensatory or vicarious excretion than a morbid process. After illustrating his view by several cases, he urged strongly that the treatment was not to arrest the alvine flow until some other channel be patent. The rational treatment, he contended, was to act freely on the skin, and to restore the action of the kidneys, and only to arrest the diarrhœa by the use of powerful astringents when the renal action was re-established, or the diarrhœa was in itself likely to prove fatal. Afterwards, the action of the skin must be fostered, and the patient protected from atmospheric changes, and treated with iron and other adjuncts to nutrition.

Syrup of Iodide of Iron and its Preservation.

M. Jeannel (*Journal de Pharmacie*) approves of the following combination for the manufacture of a solution of iodide of iron which shall remain unchanged by exposure to the air: iodine, 8·2 parts;

iron filings, 4·2 parts; distilled water, 20·0 parts; honey, 70·0 parts; tartaric acid, 0·5 parts. Mix the iodine, iron, and water in a flask, and when combination is complete, filter the green solution, and add the honey and tartaric acid. The product will contain 10 per cent. of iodide of iron.

He also observes that the addition of one five-thousandth part of tartaric acid to syrup of iodide of iron which has become bad, renders it clear, and, at the same time, notably diminishes its inky taste.

Osseous Regeneration of Sternum.

Dr. Enrico Bottini communicates to the *Annali Universali di Medicina* the particulars of the case of a soldier, æt. 30, wounded in the superior region of the sternum during the Italian campaign of 1866. The ball lodged, producing caries, necessitating an operation for its removal which exposed the pleural sac, the osseous walls of the sternum having been gradually absorbed, and a prompt recovery ensued, and new osseous tissue was formed analogous, in resistance to the touch, to the rest of the sternum.

Washing the Infant.

During the past year Dr. J. K. Reid introduced another new practice into the lying-in room. Instead of having the child washed, as is so universally the custom, he has it greased all over with warm lard, and laid in a blanket for a few minutes, then carefully rubbed by a soft flannel, which soon cleans it completely. This greasing and subsequent cleansing is agreeable to the child. It is not exposed to cold as it too often is in being washed. Many a time have we seen a small, feeble child shivering with cold long before the nurse was done washing it, and many a child has lost its life by the exposure and fatigue induced by its first washing. We highly approve of Dr. Reid's plan. He has already tried it in a great many cases, and we are following his example whenever we have an opportunity.—*Trans. Pa. Med. Soc.*

Reviews and Book Notices.

Secondary Degeneration of the Spinal Cord, by Ch. Bouchard. Translated from the French by Edward R. Hun, M. D. Utica, N. Y. 1869. 1 Vol. 8vo., paper, pp. 104.

This valuable essay of Bouchard on an obscure part of nervous pathology merited a translation, and the translation here offered merited better type, paper, and general "get up" as the trade say, than has been given it. We have noted a large number of typographical errors, even for a provincial press, and some errors which we fear are not typographical, as for instance on page 6, where the translator renders "*diminuerent aussi*" by "thus diminished." This looks like carelessness.

The essay itself is profound, based on extensive reading and close observation, and we recommend its perusal.

A Treatise on the Diseases and Surgery of the Mouth, Jaws, and associate parts. By James E. Garretson, M. D., D. D. S., etc. Illustrated with steel plates and numerous wood cuts. Philadelphia: J. B. Lippincott, & Co. 1869. 1 Vol. 8vo. Cloth. Pp. 700.

Dr. Garretson is known to the readers of this journal as a diligent student of oral surgery. In this volume he has summed up the results of an experience of unusual extent, and has erected a permanent monument to his industry and skill.

The contents are varied, embracing a description of all the diseases and operations which are performed upon the mouth, a full description of the first and second dentition with their associated lesions, caries, odontalgia, salivary calculi, the extraction of teeth, general and local anæsthesia, the tonsils and gums with their diseases, tumors in the mouth, epulides and epithelioma, neuralgia, ozæna, fractures and dislocations of the maxillary bones, the tongue and its maladies, aphthæ, ranula, palatine defects, obturators, etc. From this partial list it is obvious that the author goes into his subject with exhaustiveness, and he does his part well.

We cannot help expressing our surprise, however, that he seems to have overlooked entirely his obligations to this journal, in which the series of articles on which this work is founded was originally published. Quotations are made from original articles published by us without proper credit being awarded. This should not be.

The illustrations, print, paper, etc., of the work are satisfactory.

The History and Philosophy of Marriage; or Polygamy and Monogamy Compared. By a Christian Philanthropist. Boston: James Campbell. 1869. 1 vol., 12mo., cloth, pp. 256. For sale by Claxton, Remsen & Haffelfinger, Phila.

We have here a writer who professes to find in the teachings of the Bible the advocacy of polygamy. He writes well, makes an interesting book, and displays considerable ingenuity in weaving an argument out of the slender materials he has at command. In these days when woman, marriage, and generally the relations of the sexes have become such prominent topics of discussion, it is well to hear all sides and not to turn a deaf ear even to those who believe a man should have a dozen women, or a woman a dozen men, to satisfy their passions. Physiologically such people are not more astray than those sects who refrain from marriage altogether as something sinful.

The view of the author is summed up in this sentence on page 143:

"And now I think I have fairly demonstrated that the European social system of monogamy had its origin in Roman paganism, and has been perpetuated by Roman Catholicism."

If this be true, then Roman paganism has done much to atone for its imperial dissoluteness, and Roman Catholicism will have a stronger claim than ever on right thinking men. The question raised is one of sufficient interest for us to discuss it on another page.

Transactions of the Philadelphia Obstetrical Society, No. 1. New York: Townsend & Adams. Pp. 94.

This volume, the first fruits of a society which has an excellent local reputation for scientific activity, is chiefly occupied by an article on concealed accidental hemorrhage of the gravid uterus, by Dr. WILLIAM GOODELL. This is one of the most scholarly and exhaustive articles we have ever read from an American physician, and the subject of which it treats, is one of the most important of the lesser known accidents of midwifery; because it is a very dangerous and hidden complication. The other article, by Dr. HARRIS, on the Hereditary Convulsions of Infancy and Childhood, is in great part original, and very carefully prepared. These articles will give the Society an enviable reputation.

A Text Book of Practical Medicine, with particular reference to Physiology, and Pathological Anatomy. By Dr. FELIX VON NIEMEYER, Professor of Pathology and Therapeutics in Tubingen. Translated from the Seventh German edition, by special permission of the author. By G. H. Humphreys, M. D., and Charles E. Hackley, M. D. New York: D. Appleton & Co. 1869. 2 vols., 8vo.

Professor Niemeyer is one of the most distinguished of the *medecins penseurs d'outre Rhin*, as the French jealously style their rivals across the Rhine. He has long been known for his advanced views in pathology; his ability as a lecturer, and his profound acquaintance with every department of medicine; as well as the liberality of his views. The fact that in less than ten years, a large work on practice passes through seven editions in Germany, stamps it at once as one of unusual merit. But this is guaranteed by the name of the author alone.

Professor Niemeyer is an empiric, and an avowed one. He disdains and disclaims so-called "rational medicine." He aims to establish therapeusis as an "independent empirical study," and considers that the time is wasted, or nearly so, which is spent in studying the "action of medicines," and in reasoning from pathology back to treatment. He dares to say this: "in spite of new discoveries, our present success at the bedside is scarcely more favorable than that of fifty years ago;" he is not afraid to assert, that "when therapeutic laws, based upon the experience of centuries, prove false, it is due to inexact observation."

We like this. We hope the death knell of that disheartening therapeutic nihilism, which has so much prevailed in this country has sounded. We hope that a firm faith in well-tried old remedies is about to be restored. Let hysicians more decidedly assert, that *drugs will cure disease*, and not talk so much about "efforts of nature," as they have been doing.

This work of Niemeyer will go far to bring about this result; it teaches sound doctrine and sound practice. The translation is well made, and the paper and print are good. The volumes are worth their price, and we repeat our hope, that they will deal a severe blow at nihilism in this country.

A Course of Practical Chemistry Arranged for the use of Medical Students, by William Odling, M. B., F. R. S., etc. With illustrations. From the fourth London edition. Philadelphia: H. C. Lea. 1869. 1 vol. 8vo. cloth. Pp. 261.

An examination of this text-book convinces us that it will be a popular and useful one. It is not a deliberate treatise like that of Fownes, but a manual for the analysis and chemical examination of poisons, pathological matters, etc., which present themselves from time to time to the physician. Its style is clear and plain, the obscure nomenclature and symbolism which darken many chemical works very unnecessarily, being carefully avoided. We do not indeed know a more handy book of the kind for ordinary office use.

Transactions of the Medical Society in the State of Pennsylvania at its Twentieth Annual Session, June, 1869. Published by the Society. Philadelphia: 1869. 1 vol. Paper. Pp. 567.

The minutes of the Society, which commence this volume, we have already given at the time of the session, as well as some extracts from the address of the President. Two of the Reports of Committees refer to the use of alcohol, one being on intemperance as a disease, the other on the use of stimulants by the profession. Both take strong grounds against the employment of this agent in any form as being injurious.

The report on the inspection of drugs is accompanied by a memorial and a draft of an Act; the latter instrument urging the appointment of an inspector with an office in Philadelphia, to examine and analyze suspected drugs.

The report on the training of nurses by Dr. S. D. Gross, read before the Amer. Med. Assoc., is a suggestive paper. Dr. Lee contributes a description of a new instrument for treating lateral curvature of the spine. Thirty counties sent in reports which are published, some of them very interesting. Montgomery county "comes in strong" as usual. We shall make extracts elsewhere from several of these reports, which, in the main, reflect very creditably on the profession in Pennsylvania, and indicate a lively interest in the progress of medical science.

——THE Society for the Protection of Children in Paris offers a prize of 500 francs to the author of the best "Guide to Mothers and Nurses," written in the French language.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 16, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

ONE OR MANY WIVES.

Elsewhere in this number we give a brief review of a work just written by "A Christian Philanthropist" advocating polygamy. We do not concern ourselves now to inquire whether this little volume is the *jeu d'esprit* of some sensational writer, the defence of some secret Mormon, a covert attack upon Protestant theology, or a sincere statement of convictions. We shall take it for the latter, according to its own assertion, and deem it worthy an especial consideration, not that many converts are likely to this view, but because the volume is one of numerous indications visible in this country that the divine institution of marriage is not rightly understood by the intelligent public, and that if this ignorance grows, very serious consequences may in time be expected.

For instance there is a weekly paper in New York city, and another in Chicago, edited by women, both of which avowedly or tacitly oppose themselves to permanent marriage. Several States of our Union have passed divorce laws so lax that they have become a by-word over the whole land. We have sects who discountenance marriage altogether, and approve on religious grounds promiscuous intercourse, or openly proclaim in their marriage ceremonies that the union is for a limited term of years only. Other sects, on equally religious grounds (save the mark), marry a number of women to one man. An English traveller, Mr. Dixon, on visiting this country found none of our characteristics as a nation more startling than this, and offended us greatly by speaking long and plainly on the point.

It is time, therefore, that physiology says something, if she have anything to say, in support of morals on this point. The philosopher Descartes predicted that if the world was to be reformed, the science of medicine must do it. In the ominous obscuration of the religious instinct to which we now call attention, our science does come forward and speak with no uncertain sound in support of His words who said "they *twain* (not they three, or they dozen), shall be one flesh." Physiology points unmistakably to a hitherto unexplained influence which the husband exerts on the wife, the wife on the husband, and both on the child, which says as plainly as facts can say "a man's first wife, a wife's first husband, is the only one possible in the full sense of the term."

We cannot do better than quote here a passage from the work of Dr. NAPHEYS, "The Physical Life of Woman," which we reviewed in a recent number, a work elevated in its morality and generally careful in its scientific statements.

"What has been said of divorce applies with tenfold force to the custom of a woman living as wife to several men, or of a man as husband to several women. We should not speak of these customs, but that we know both exist in this country, not among the notoriously wicked, but among those who claim to be the peculiarly good—the very elect of God. They prevail not as lustful excuses, but as religious observances.

"It is worth while to say that such practices lead to physical degradation. The woman who acknowledges more than one husband is commonly sterile; the man who has several wives has usually a weakly offspring, principally males. Nature attempts to check poly-

gamy by reducing the number of females, and failing in this, by enervating the whole stock."

These are serious words drawn from a careful study of statistics, and carry with them a prediction of the fate of this nation if it allows the sacred institution of marriage to be despised or misunderstood. We would that every man and woman in the land might learn that the union of the sexes is no ephemeral partnership, but an external solidarity which none but God can sever.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 23.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Treatment of Constitutional Syphilis.

John K. Barton, M. D., (Dub.) F. R. C. S. I., etc.

In undertaking the treatment of a case of syphilis, the object should be to remove the symptoms which are present at the time. No direct medication will drive out the poison; but its natural elimination from the system will be much favored by the removal of symptoms, and by careful attention to the general health. Bearing this in mind, the physician should insist upon such rules of hygiene as are required to maintain the vigor of the system, while he employs the so-called specifics, with an intelligent confidence, in what they are able to accomplish, viz., the removal of the effects of the virus.

In the treatment of the early stages of the disease, iron or quinine may at times be advantageously combined with some of the preparations of mercury—they are specially indicated when marked symptoms of anæmia show themselves at the commencement of the secondary period, which is very frequently the case in women. The following formulæ may be used:

234. ℞. Pillulæ hydrargyri, gr. xxv.
Ferri sulphatis exsiccatæ, gr. x.
Extracti opii, gr. v. M.

For ten pills. One to be taken once or twice a ady.

℞. 235. Hydrargyri cum creta,
Quiniæ sulphatis, aa. gr. xx.
Extracti opii, gr. iij. M.

For ten pills; direct one morning and evening.

Bumstead remarks, that he believes the addition of quinine renders mercury less liable to salivate; and our author is of the same opinion.

The method of administering mercury in the early stages of syphilis, which Dr. Barton prefers, is that by means of inunction. Unfavorable cases are by no means rare, in which mercury given by the mouth disagrees, frequently causing salivation and great depression of the general health, while the syphilitic symptoms remain unaffected, or producing such irritation of the bowels as to necessitate its abandonment. It is just in such unfavorable cases that the advantages of inunction are most observable. No opium is required to prevent diarrhœa, and so the digestive organs are left unimpaired, and the stomach is left free for the use of tonics and other medicines if indicated; generally a marked improvement takes place in the appetite, as well as in the appearance and feelings of the patient, after the treatment has been employed for some time; the relief from syphilis produced by the medicine showing itself in this way. The following details must be observed.

The patient's diet and daily habits should, in the first place, be regulated; the former should consist of meat once daily, without any stimulants beyond beer or porter; sometimes better without any at all. He should keep regular and early hours, going to his bed not later than ten o'clock, and not rising before eight in the morning; during the day he may be engaged in business, if it be not of a laborious or exacting description.

Then direct,

236. ℞. Ungent. hydrargyri, ʒj.

Of this, one-half a drachm is to be rubbed in each morning after breakfast, for twenty minutes or half an hour. The morning is the best time, because the patient is then the most vigorous; and besides, if rubbed at night, the heat and perspiration produced by lying in bed will cause a considerable loss of the ointment, and the patient breathes an atmosphere loaded with mercury. Unless the full time mentioned be given to the rubbing, half the ointment will be inefficient. It is usually necessary to impress the importance of this upon the patient, who, however, in a very short time, lends a willing aid to the surgeon, finding his symptoms disappearing gradually, and his general health and strength improving rather than decreasing. The inside of the thigh and popliteal space is the region where inunction can be best practised. The patient should be

*Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's Office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

told to rub in upon each thigh upon alternate mornings, carefully washing off the old ointment with warm soap and water before commencing the new inunction; this prevents the skin becoming irritated and mercurial eczema appearing; if, however, a few scattered pustules do appear, the rubbing should be transferred to the axillæ for a time. A Turkish bath should be directed once or twice a week during the treatment. It preserves the skin from irritation by thoroughly cleansing it, facilitates the action of the mercury, and confers a sense of comfort and relief.

The effects of the treatment should be narrowly watched at first; if there is any symptom of the mouth becoming sore, the ointment should be omitted upon the alternate days for once or twice; when all signs of salivation have subsided, the full rubbing may be confidently resumed; no further tenderness of the gums will probably occur. The length of time during which inunction is to be pursued, will vary, like any other method, according to the character of the symptoms. In some cases it will require to be steadily maintained for two months or more; the guide for its discontinuance is to be the total disappearance of all the symptoms, and this will frequently not take place much under that time.

For the treatment of the tertiary stage the iodide of potassium combined with muriate of ammoniæ, to increase its action should be administered, as follows:

237. ℞. Potassii iodidi, ʒiv.
Ammoniæ muriatis, ʒij.
Tinct. cinchonæ, f.ʒiv. M.

Take a teaspoonful in a wine-glassful of water three times a day

Many cases, particularly those belonging to the first division of the tertiary stage, are most benefitted by a combination of mercury and iodide of potassium. For this purpose add to the recipe, gr. 1-16–1-12 of the corrosive chloride, or the bin-iodide of mercury to each dose.

Sir Benjamin Brodie.

Our author prefers inunction for the treatment of syphilis in the infant:

238. ℞. Unguenti hydrarygri, ʒj.
Adipis, ʒj. M.

Spread over a flannel roller, and bind it around the child once a day. "The child kicks about and, the cuticle being thin, the mercury is absorbed. It does not either gripe or purge, nor does it make the gums sore, but it cures the disease."

Prof. Wm. A. Hammond, M. D., etc.

239. ℞. Potassii iodidi, ʒj.
Hydrargyri chloridi corrosivi, gr. vj.
Aquæ, f.ʒxij. M.

Of this mixture, a teaspoonful may be taken three times a day, till the system is well under its influence. Our author prefers this to any other form of conjoining mercury with iodine. Gradually increase the dose, so that after twenty or thirty days, a quarter of a grain of corrosive sublimate is taken three times per day. He has never seen salivation induced by the plan, although he has kept it up continuously for six and eight months at a time.

Prof. Edward Lauglbert, etc. Paris.

240. ℞. Ammonii iodidi, gr. ij.
Mucilage, q. s. M.

For forty pills. Take from two to eight each day.

241. ℞. Potssii iodidi, gr. v.
Extracti gentianæ, gr. v.
Pulveris althææ, q. s. M.

For forty pills. Take from five to twenty each day.

Dr. Felix von Niemeyer, Professor of Pathology and Therapeutics, Director of the Medical Clinic of the University of Tubingen.

242. ℞. Hydrargyri chloridi corrosivi, gr. v.
Pulv. extracti glycyrrhizæ, q. s. M.

For twenty pills. One ter die.

Prof. J. Lewis Smith, M. D., New York.

In infantile syphilis, the following formulæ may be employed.

243. ℞. Hydrargyri cum creta, gr. iij-vj.
Sacchari albi, ℈j. M.

Divide into twelve powders. One to be taken three times daily.

244. ℞. Hydrargyri chloridi corrosivi, gr. j-ij.
Syr. sarsparillæ comp., fʒij.
Aquæ, fʒviij. M.

One teaspoonful ter die.

Mercury, in whatever form employed, should not be discontinued entirely till several weeks after the syphilitic symptoms in the child have disappeared; it is proper to continue it for a time, in diminished quantity, after the health seems fully restored.

When the mercurial is omitted, tonics are often required. The preparations of cinchona are useful in cases, as are also those of iron. The liquor ferri iodidi is especially useful in this class of cases.

Popular Ignorance of Medicine.

A recent number of the New York *Nation* contains this pregnant sentence: "The greatest difficulties in the physician's practice arise from the dense ignorance of even the best classes of society as to the nature and cause of disease and the effects of misconduct, and it is deeply to be regretted that medical reading does not form some part of every person's self-culture or education."

Who is to blame that it does not form some part? None so much as physicians themselves. There is on the part of a number of medical men a jealousy about imparting information on medicine. They fear it may hurt their practice, perhaps, but they *say* the public may be injured by it. The success of quacks and charlatans is in direct proportion to the

ignorance of a community on medical matters, and they always succeed best in those branches of medicine where sound instruction is most carefully withheld. Let physicians learn, that truth is no more to be feared in physiology than in religion.

Correspondence.

DOMESTIC.

A Singular Case—Lack of Osseous Development.

EDS. MED. AND SURG. REPORTER:

Sarah E. M.; 21 years old next November; 33 inches in height; circumference of waist 25½ inches; large head, occipito-frontal circumference of which is 24 inches; diameter from occiput to forehead 9¾ inches, transverse diameter 7¾ inches; length of foot 5⅔ inches; circumference around instep 8¼ inches; weight 75 pounds. Humerus, radius, and ulna perfectly hard and bony; first and second phalanges of the fingers are substantial bone; the third phalanx and the tips of the fingers are in great part cartilaginous, the central part of the length being bony, and the extremities cartilage. What should be the *bones* of the wrist, are soft cartilage; bones of the leg hard and firm, except the lower ends, which seem to be cartilaginous. The tarsus is composed of soft cartilage, with small portions of bone in the centre. The metatarsal bones and the first and second phalanges are hard; beyond that is nothing but cartilage. She can turn her hands backward and lay them flat on her arms. Can reverse her feet, and stand with the upper part of them on the floor. The clavicle and scapula are bone; the sternum presents the appearance of being turned upside down. I could not distinguish the spinous processes of the vertebræ, owing to her being very fleshy; but from her inability to retain her head upright (it leans backward) and her complaining of weak back, I think there is a deficiency of bone, and a surplus of cartilage. She looks like a very short, wide sack, upright, with a large head stuck on it. Is perfectly healthy, menstruates regularly, and has done so for three years back; breasts rather small; cannot walk far without great fatigue. Appears to be no more than twelve or fifteen years old; is quite lively and intelligent; her mother and dead brother had hare lip, so also had her mother's brother, and their mother and brothers. She has a younger sister more helpless than herself; all of her family, with the above exceptions, are perfectly healthy on the side of both parents for two or three generations, as I know them personally. I would not have said so much about *bone*, but for the reason that she has been pronounced by some Physicians to be perfectly boneless. Some say it is "hard gristle," but I am satisfied that there is a considerable quantity of bona fide osseous matter in her frame, which, after her death, I believe, can be demonstrated.

F. A. ROOP, M. D.

Galestown, Md.

NEWS AND MISCELLANY.

The Effects of Hashish.

A writer in *Appleton's Journal* of September 4, 1869, quoted by the *N. Y. Medical Journal*, thus describes the effects experienced from the use of this drug:

I have often taken the drug, rather for curiosity to discover what its attractions might be, than for aught of pleasurable excitement I ever experienced. The taste of the potion is exactly what a mixture of milk, sugar, pounded black pepper, and a few spices would produce. The first result is a contraction of the nerves of the throat, which is anything but agreeable. Presently the brain becomes affected; you feel an extraordinary lightness of head, as it were; your sight settles upon one object, obstinately refusing to abandon it; your other senses become unusually acute—uncomfortably sensible—and you feel a tingling which shoots like an electric shock down your limbs till it voids itself through the extremities. You may stand in the burning sunshine without being conscious of heat, and every sharp pain is instantly dulled. Your cautiousness and your reflective organs are painfully stimulated; you fear every thing and everybody, even the man who shared the cup with you, and the servant who prepared it; you suspect treachery everywhere, and in the simplest action detect objects the most complexedly villainous. Your thoughts become wild and incoherent, your fancy runs frantic. If you happen to exceed a little, the confusion of your ideas and the disorder of your imagination will become intense. I recollect on one occasion being persuaded that my leg was revolving upon its knee as an axis, and could distinctly feel as well as hear it strike against and pass through the shoulder during each revolution. Any one may make you suffer agony by simply remarking that a particular limb must be in great pain, and you catch at every hint thrown out to you, nurse it and cherish it with a fixed and morbid eagerness that savors strongly of insanity. This state is a very dangerous one, especially to a novice; madness and catalepsy being by no means uncommon terminations to it. If an assembly are under the influence of the drug, and a single individual happen to cough or laugh, the rest, no matter how many, are sure to follow his example. The generally used restoratives are a wineglassful of pure lemon-juice, half a dozen cucumbers eaten raw, and a few puffs of the hookah; you may conceive the state of your unhappy stomach after the reception of these remedies. Even without them

they generally suffer from severe indigestion, for, during the intoxication, the natural hunger which the hashish produces excites you to eat a supper sufficien for two days under ordinary circumstances.

The Wall Eye.

The *British Medical Journal* has the following note on the wall-eye:

The "wall-eye" is simply a light blue or almost white iris. In the case of a white pony in which we examined it, the inner circle of the iris was of its usual dark brown almost black color, next to it outwards was a circle of bright blue, and outermost of all was dead white. The sclerotic was pigmented as usual, and the margins of the eyelids. It was the left eye that was blue; the right was as dark as usual, and showed no peculiarity. The animal was white, and on both sides the eyelashes were white, although the edges of the lids were almost black. The pony was believed to see as well with one eye as with the other; and its owner, an accomplished veterinary surgeon, held that a wall eye was no detriment, that it was not liable to any special disease, and wore well. He thought it more common for the peculiarity to be unsymmetrical than otherwise. He could not give me any facts as to hereditary transmission. Such marked deviations from symmetry as for one eye to be very dark and the other very light, are, we believe, never witnessed in the human subject; but lesser degrees are not very uncommon, and of special interest because certain facts have been recorded tending to show that eyes, odd as regards color, are not unfrequently odd also as regards refractive power, and in their tendencies to disease. An explanation of the non-occurrence of such marked contrasts in man may, perhaps, be suggested in the infrequency with which intermarriage takes place between individuals differing as regards pigmentation to the same extent as a white and black horse. This is, however, mere conjecture, and we are not aware of any fact supporting the belief that irides of different color are more common among half-castes than amongst others.

Mortality in Hungary.

The Hungarian bills of mortality do not give a favorable idea of the sanitary condition of that country. The *Neue Freie Presse* observes on this subject: "Of 100,000 inhabitants 2,000 die annually in England, 2,380 in France, 2,220 in Belgium, 2,900 in Prussia, 4,500 in the Austrian monarchy, and in all Hungary 4,540; but in Siebenburgen the number is only 3,097, and in the German part of the Banate 4,200, so that in the Magyar part of the country the proportion is 5,240, or about two and a half times as great as is in England. The high rate of mortality among the male population is not less surprising. While in the entire Austrian monarchy 10,570 males die for every 10,000 females, the proportion in Hungary is 10,658 males and in the Magyar parts of the country the average is so high as 10,700." The Austrian journal believes that with a little attention to hygiene Hungary might easily support three times as many inhabitants as England, whereas, in consequence of apathy and ignorance, the population is not near half so numerous as that of Great Britain.

Life—Death.

The following characteristic note, which has a special interest for medical men, the New York *Medical Journal* takes from the *American Literary Gazette and Publishers' Circular:*

DR. MANDL recently had photographed a German picture of the sixteenth century, which on one side of the panel represented a most lovely face of a young girl literally radiant with life. On the other side was a hideous skull. He sent a copy of it to M. Victor Hugo, and asked him to put into French verse the German lines on both sides of the picture. M. Hugo replied: "Dear Doctor: Your valuable present has reached me. A true message of a philosopher to a poet. Death must fear you who cure, and must love me who hope. The lines you desire sprang forth on mere sight of the picture. Your two mysterious quatrains are echoed in two tercets. These:

FRONT.

Chapeau de perles, fleurs et parfums, O printemps!
Je suis belle.—On est belle, helas! pour peu d'instants.
Comme c'est vite fait de respirer des roses!

BACK.

Me voici rentree, ame, au gouffre obscur des choses.
Mon amant, rejoins-moi dans la tombe, autre hymen.
Ce qu'aujourd'hui je suis, tu le serais demain!

I have obeyed. Thanks. 'Tis strange, terrible, and true. I kiss Mme. Mandl's hands, and I am yours, *ex imo.* VICTOR HUGO."

Mortality in the Army of Northern Germany.

This army consists, in round numbers, of 300,000 men. In the year 1868, the deaths comprised 114 officers, and 1344 rank and file; 134 men committed suicide. Hence it will be seen that the mortality hardly reaches one-half per cent. This proportion was almost identical with that of the former simply Prussian army—viz., 69 or 70 deaths out of 10,000 men. These are very low figures as compared with the death-ratio in other armies, the calculation being also based upon 10,000 men. In Russia the proportion is 390, in Italy 150, in Belgium 145. The advantage lies certainly with the army of Northern Germany.

—— Argemone Mexicana, the only papaveracea growing wild within Mexico, upon the Antilles, and in some parts of North America, furnishes a milky juice from which a substance, reacting like morphia, has been separated. The seed and the fatty oil of the same are emetic and purgative.

——Dr. KRAUS, the editor of the *Allgemeine Wiener Medizinische Zeitung*, against whom an action was brought a short time ago by Dr. Billroth, for having erroneously attributed to him (Dr. Billroth) the leaving of a piece of sponge in the abdomen of a patient after ovariotomy, has been sentenced to pay a fine of 100 florins, or to undergo twenty days' imprisonment, with costs.

—— During the roasting of coffee one half of its caffeine disappears, while but a small portion is found in the volatile product. The greater part of the missing alkaloid has undergone, during roasting, a transformation into methylamine, which mostly remains behind, but a small portion being volatilized. According to Personne the tannin of coffee furnishes the nascent hydrogen, necessary for the transformation of caffeine into methylamine.

——AMONG the grants made by the British Association for the Advancement of Science, are one of £30 to Dr. Richardson, for an investigation of the physiological action of organic compounds; and one of £15 to Dr. Gamgee, for researches on the heat developed in arterialisation of the blood.

——IT was decided on Monday that the next meeting of the British Association for the advancement of Science shall be held in Liverpool, under the presidency of Professor Huxley. Invitations were also received from Edinburgh, Brighton, Bradford, and Belfast. The contest ultimately lay between Liverpool and Edinburg; the former gaining the victory by a majority of 91 votes against 86.

—— Dr. Charles A. Shaeffer, after spending two and a half years in the prosecution of scientific study in German Universities, has returned to his native land, and has been elected Professor of Analytical Chemistry in Cornell University at Ithaca, N. Y.

——In order to obtain the 315 grammes of nitrogenous matter which man requires daily, it would be necessary, according to Payen, to consume sixteen dozen oysters, if they should form the sole nutriment.

—— Extract of Calabar Bean, suspended in gelatine, forms convenient elastic sheets for application to the eye. The dose contained in a small piece should be 0.010 gr. of the bean, or 0.0005 gr. of the extract.

——A PERSON has been lately poisoned in Baltimore, Maryland, through the carelessness of a druggist, who put up a prescription with aqua ammoniæ, instead of aqua cinnamomi, as ordered in the physician's prescription.

——Prof. Buchner, in Munich, demonstrated lately again the transformation of arsenic into sulphide of that metal in cadavers of those poisoned with the acid.

——PROFESSOR GLUGE has been elected Rector of the University of Brussels.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

BURNET—BREWSTER. In Newark, N. J., Oct. 6th, by Prof. John DeWitt, D. D., of New Brunswick, assisted by Rev. Arthur Potts, of Morrisania, N. Y., Dr. James B. Burnet, and Maria L., only daughter of the late U. B. Brewster, Esq., all of Newark.

CHAFFEE—MOSHER. In Rochester, Vermont, in the Cong'l church, Sept. 23d, by Rev. Geo. S. Guernsey, assisted by the Pastor, and Rev. G. M. Harman, Dr. Charles W. Chaffee, of Chicago, Ill., and Miss Diana R. Mosher, of Rochester.

KNOX—HARTWELL. Sept. 30, at the residence of the bride's parents, by the Rev. John P. Knox, assisted by the Rev. Dr. Mesick, James S. Knox, M. D., and Elizabeth C., only daughter of S. T. Hartwell of Somerville, N. J.

LEE—STEVENSON. At the house of the bride's parents, Mechanicsville, Saratoga Co., N. Y., Sept. 22, 1869, by Rev. J. W. Carhart, D. D., Dr. Frank K. Lee, and Sarah E., daughter of W. H. Stevenson, Esq., all of Mechanicsville.

PINKERTON—LATTA. On the 28th ult., at Parkesburg, Chester county, Pa., by the Rev. J. M. Crowell, D. D., assisted by the Rev. J. J. Pomeroy, James Crowell Pinkerton, of Philadelphia, and Jennie S., daughter of William Latta, M. D.

WALTON—THOMPSON. In New York, Sept. 25, at Trinity Church, West 25th street., by Rev. A. St. Leonard, Henry C. Walton, M. D., of that city, and Emily Jane, eldest daughter of the late Captain Thompson, of Liverpool, England.

WEST—WOODS. Sept. 16, in the Presbyterian church, Martinsville, O., by Rev. G. W. Chalfant, assisted by Rev. James Alexander, D. D., John E. West, M. D., of St. Clairsville, O., and Miss Annie U. Woods, of Martinsville.

WILSON—MCCULLOUGH. Sept. 22, at the residence of the bride's mother, Dr. Thomas H. Wilson, of Dennison, and Miss Hattie McCullough, of Urichsville, O.

DIED.

CHASE. In Springfield, Vt., Sept. 25th, MRS. Eliza Walker, wife of Dr. Leonard Chase, and daughter of the late Leonard Walker, Esq., aged 67 years.

CLARK.—In St. Louis, Mo., September 27, Dr. Joseph J. Clark, aged 62 years.

QUERIES AND REPLIES.

Dr. G. H. L., Ala.—We will bind the REPORTER for you in plain library style, half sheep, at $1 per volume. But the expressage would cost too much. We will send the COMPENDIUM for 1868 and 1869, bound in two volumes, cloth, for $7.50. Will not send COMPENDIUM for 1869 till we hear in regard to binding it.

Dr. W. McN., Pa.—Operate on your case of hare-lip at once. Pare the edges of the fissure in the palate.

Dr. W. B. W., Ark.—The cost of Virchow's Cellular Pathology is $5.

METEOROLOGY.

SEPT.	27,	28,	29,	30,	O. 1,	2,	3,
Wind.....	N.W.	N.W.	N.W.	S. W.	S. W.	S. E.	N. E.
Weather.	Clear	Clear white frost	Clear	Clear	Clear	Clear	Cl'dy Rain
DepthRain							5 in.
Thermom....							
Minimum..	49°	39°	44°	45°	47°	54°	55°
At 8, A M.	56	50	52	57	58	59	72
At 12, M...	60	59	66	67	73	68	65
At 3, P. M.	60	60	68	69	74	70	65
Mean.....	56.25	52.	57.50	59.50	63.	62.75	64.25
Barometer..							
At 12, M...	30.1	30.2	30.2	30.2	30.2	30.2	30.6

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

HOW DOES MORPHIA ACT IN LABOR?

By Henry Brubaker, M. D.,

Of Somerset, Pa.

I have carefully read the articles published in the Reporter on the use of morphia, as a parturient agent, and thus far, none of the writers have explained its true *modus operandi*, norstated distinctly the *conditions* demanding its administration. These are most important points, upon a proper knowledge of which will depend our success in the use of this invaluable agent. To recommend morphia in all cases of labor indiscriminately is a grand error, and cannot but be followed by mischievous consequences. It is not true, that morphia is serviceable, or even admissible, in every case of labor, any more than ergot. As the latter agent injudiciously administered may be productive of very serious, if not fatal, results to both mother and child, so the former may, indirectly at least, be the cause of protracted suffering, if not more serious consequences. Hence the necessity of having more correct notions of its mode of operating, and the stage of labor in which it should be given. After an experience of sixteen years in its use in labor, during which time I have administered it in scores of cases, and carefully observed its effects, I shall venture to give what I conceive to be the law of its action. Is it, as has been intimated, a *direct* parturient agent? Does it excite or promote uterine contractions? To these interrogatories a decided negative answer may be given. It possesses no power of directly exciting or promoting uterine contractions; of this, any practitioner can satisfy himself by prescribing it without any regard to the stage of labor, or the condition of the organs concerned in the act of parturition. The results will be highly unsatisfactory, whereas, if given with a due regard to the condition to be mentioned hereafter, no agent will accomplish more satisfactory results.

Morphia exerts its appropriate action on the uterus in labor as certainly as ergot, but in a different way. The latter agent has been before the profession so long, and its parturient action so well understood, that no intelligent practitioner need err in its use. But can the condition of the parturient organs which calls for the use of morphia be as definitely stated? In my opinion it can. To present this subject in a clearer light, let me suppose two cases, to illustrate the action of these two agents respectively. I am called to a woman in labor, and find her in the following condition: The presentation is natural; the os uteri dilated or dilatable; the vagina relaxed and moist. There is no mechanical impediment, nor disproportion between the head of the child and the outlets through which it is destined to pass. But the uterine contractions are feeble. The expulsive efforts are insufficient to complete the labor. The object being to excite uterine contractions, ergot is clearly indicated. If under these circumstances any practitioner should be induced to administer morphia, he will most likely have occasion to regret it for more reasons than one.

Again, I am called to a woman whose condition differs from the one above cited in this, that the os uteri, although slightly dilated, is still rigid and unyielding. The chief, if not the whole difficulty, lies in rigidity of the os. The vagina is sufficiently relaxed and moist. The woman has been suffering the greatest agony for many hours from the pains of dila-

tation. There are also active contractions of the womb, as can be ascertained by applying the hand to the abdomen, and the only obstacle to a speedy completion of the labor is the unyielding os. The contractions of the womb are sufficient to expel the child the moment the os relaxes. It is in such cases that morphia displays its extraordinary powers. In nine out of ten such cases it will complete the labor within half an hour. It will be understood then that the *condition* demanding its use is rigidity of the os, while the remaining soft parts are well prepared to admit of delivery. The *object* of its administration is to relax the os uteri, and this it will do most certainly and effectually. If this rule be adhered to in its administrations, success will almost invariably follow its use. Should there be a loaded state of the rectum, which of itself often retards the progress of a labor, or a highly plethoric state, the system will be better prepared for the action of the morphia, if a small venesection or alvine evacuation be premised.

If the gentlemen who have spoken so favorably of the use of morphia, will reflect upon the cases in which it acted so promptly, and recall to mind the condition of the parturient organs, they will doubtless remember that the only difficulty in the way of a speedy delivery was rigidity of the os. Before I fully comprehended the law of its action, I mean its relaxing power over the os, I was frequently disappointed in its effects, but now I give it in these cases with as much confidence as I give any other article of the *materia medica* whose characteristic action I wish to produce on the system.

In conclusion, permit me to give my first experience of its use. In the year 1853, I was called in consultation to see a woman who had been in severe and constant labor for twelve hours. All the parts were in the most favorable condition for a speedy termination of the labor with the exception of the os uteri which was exceedingly rigid. Through this rigid and undilated os the attending accoucheur was vainly attempting to introduce the forceps, as she had been suffering so long, and seeing the gross impropriety of attempting to deliver with the forceps, I very naturally suggested a dose of morphia with the view of giving her rest, with the hope that the os would yield in time.

This was readily assented to; there was the least possible prospect of the labor terminating for several hours. A few minutes after the morphia was administered tea was announced; whilst we were sitting at the table discussing the probable issue of the case, the nurse called loudly for the doctor. We ran into the lying-in chamber, just in time to receive the child, the head being already born; in less than thirty minutes after the morphia had been taken the os relaxed, and with one strong expulsive effort she was delivered. Of course, we could do nothing more than express amazement at the happy issue of the case. The case made a deep impression on my mind. I could not comprehend it at the time, and it was not until some half dozen cases of a similar character had occurred in my practice that I became convinced that the good effects could be attributed to the morphia. By slow and gradual steps I reached what is to me, one of the most pleasing practical truths of my professional life. With this agent, I know, I have been the means of relieving many a suffering woman, and at the same time saved myself from many sleepless and anxious hours.

TREPHINING THE TIBIA.

By W. L. Appley, M. D.,

Of Cochocton, Sullivan Co., New York.

John P., aged 30 years, had suffered a long time with pain, swelling and soreness of his right leg. There was a point at or near the middle of the tibia the size of a half-dollar silver piece, very sensitive to the touch, and slight pressure causing severe pain. He consulted me two years or more previous to the operation. I gave him the iodide of potassium for some time, without any benefit. The pain was severe at night; he had to take large doses of morphia to get any sleep. I proposed trephining the tibia; he declined the operation and left, offended with me, and applied to other doctors. I heard nothing of him for two years; he then called on me again and wished me to trephine the tibia or amputate the leg. He said if neither operation should relieve him he would commit suicide. I put him under the influence of chloroform, made a crucial incision over the prominent point, dissected the flaps from the bone, applied a small trephine, and removed a round button-like piece of bone about three-eighths of an inch in thickness; about a teaspoonful of pus escaped from a cavity in the bone, that had probably been forming a long time. I removed the edges of the external shell with

forceps and gouge, and left the wound to granulate.

All the patient's sufferings, which had been long and severe, were speedily brought to an end; he slept soundly the first night after the operation, without any opiates. The wound gradually healed, the surrounding swelling diminizhed, and in three weeks the wound was cicatrised, and six months afterwards I saw the patient with the limb as sound as the other, and only a scar remained to point out where the disease had been. It is two years since the operation, and he has never had any pain in the leg since.

Hospital Reports.

CATHARINE STEEET DISPENSARY, PHILADELPHIA.

Gynæcological Clinic of Dr. F. H. Getchell.

REPORTED BY J. P. BURD.

Subinvolution of the Uterus.

Mary B——, aged 24 years, married; has had no children; miscarried five weeks since, was four months advanced in pregnancy at the time; complains of a profuse discharge of blood, with a sensation of weight and dragging down pain in the pelvis. The lochial discharge stopped about eight days after the delivery. She began to have a discharge of blood one week ago, and it has been very profuse during the last two days—brings with her some aromatic sulphuric acid she has been taking from a druggist for the last four days but with no effect.

An examination was made; the sound passed four inches into the uterus, which was soft and somewhat tender—the os was patulous, readily admitting the end of the finger. The uterus was washed out with an injection of cold water, and a solution of alum, and tannin was thrown up with the uterine syringe—she was requested to return home, remain quiet in bed, and to get potasii bromidi gr. xv, with vini ferri amari ʒii, four times in twenty-four hours.—This patient was visited at her residence the second day after, when the discharge of blood had almost stopped, the napkin she had worn for two hours being slightly stained. The uterus was again injected, this time with tinct. iodinii comp. She was unwilling to remain longer in bed, but was requested to avoid all active exercises, not to go up and down stairs, to continue the same medicine, her diet to consist of milk, eggs, rice, bread, and soup of mutton or beef, to avoid strong tea or coffee, and to avoid sexual intercourse. She came to the Clinic again one week from the first visit; has had no discharge of blood since the injection of iodine, feeling and looking much better. A sound was passed, but with some difficulty, the os being well contracted, the uterus was found to measure but three inches. She came back the next week but declined an examination as she considered herself perfectly well. She states that sexual intercourse was indulged in three or four days after the lochial discharge stopped, and was contiuued at intervals till the discharge of blood, for which she applied here for relief, made its appearance.

Commentary.—Cases of this kind are not uncommon; after miscarriage the uterus requires several weeks to come down to its natural size, and any contusion, laceration, or inflammatory action, from any cause, will arrest this process. The most frequent is indulgence in coition before this process is completed. In the natural condition the axis of the uterus, which is identical with that of the superior strait, allows the male organ passing up the vagina, which coincides with the axis of the inferior strait, to pass below the cervix into the posterior cul-de-sac, but the uterus being enlarged after miscarriage falls from its increased weight and is subjected to more or less contusion during coition, and arrested absorption from this cause is no doubt of frequent occurrence. This condition is met with oftener after miscarriage than labor at full term; first, because miscarriage is looked upon as an affair that is soon over, and also, because the fining down process does not proceed so rapidly in the partly developed uterus as in the fully developed organ, and its reduction is more readily interfered with.

The uterus may be injected with any astringent, and it may be repeated as often as is necessary to control the hemorrhage. It is always best to wash out the uterus first with water, in order that the astringent may come in direct contact with the walls of the uterine cavity. There is very little, if any, danger in injecting the uterus; the supposed danger of the fluid passing through the Fallopian tubes is hardly possible, while it has so easy an exit through the cervical canal, which is generally patulous in these cases.

VASCULAR TUMOR OF THE URETHRA.

Maria L——, aged 27, unmarried, complains of a frequent desire to urinate, the operation being attended with smarting pain; has been troubled in this way for a long time. Has no leucorrhœal discharge, no swelling or tenderness of the vulva.

An examination revealed a tumor of a bright red color, about the size of a currant, just within the external orifice of the urethra. It was raised with the rat-toothed forceps and cut off with the scissors, care being taken to go a little below the tumor. The hemmorrhage was arrested with persulphate of iron.

Commentary.—These little tumors which are an hypertrophy of the mucous papillæ of the urethra, are not of very frequent occurrence, but when they exist, they are the cause of great uneasiness to the patient, the annoyance being far greater than one would suppose from the size of the tumor, which is often no larger than a grain of wheat. They fre

quently cause pain in walking, and always during urination, particularly as the last few drops are passing from the bladder. In the treatment it is best not to annoy with attempts to remove the tumor by cauterization, which is uncertain and tedious, but to remove it at once with the scalpel or scissors, being careful to dissect out the entire tumor; if this is done, it will not be requisite to cauterize the part to prevent a recurrence. In a few days the surface heals and the woman has no farther trouble with it.

Medical Societies.

HARFORD COUNTY, MD., MEDICAL SOCIETY.

The Society held its regular quarterly meeting on the 1st day of August, 1869, at the residence of the President, Dr. S. B. Silver. The invitation having been extended to the wives of the members, a number were present and shared the kind hospitality of our worthy President.

The committee on the memoir of Dr. J. K. Sappington, through the Chairman, Dr. Forwood, reported that they had been unable to obtain information necessary to make a satisfactory report; his efforts in that direction appeared to be unavailing; he had become discouraged and asked to be discharged.

Dr. Hays objected to the withdrawal of Dr. Forwood. The Committee was continued.

Dr. John Evans made a report of a case of severe injury to the forearm, requiring amputation. In which he said, injuries of the extremities, more particularly the upper, bear a great deal of laceration and destruction of the soft parts, with fracture of bones, &c., without requiring amputation. Lacerated and punctured wounds of both the upper and lower extremities are liable to produce tetanus. On the 4th of the present month he was called to attend a case, in which the forearm had been caught in the cylinder of a threshing machine, tearing away nearly all the muscles, leaving bare the tendons, fracturing both the radius and ulna at their middle, and also dislocating and fracturing the radius at its carpal extremity, leaving loose, sharp and jagged pieces of bone in the wound. A careful examination revealed the necessity of amputation. Conservative surgery is not only justifiable, but preferable, wherever there is a prospect of saving the limb; so, also, is excision or resection preferred to amputation, more especially in injuries of the upper extremities, wherever they can be resorted to with a prospect of success. But there was in this case nothing short of amputation that would be likely to be successful; therefore it was resorted to, and the forearm taken off about three inches below the elbow joint, the patient being placed under the influence of chloroform. An examination of the limb, after its removal, showed the necessity of that kind of operation, as the radial and ulnar arteries were torn asunder. An interesting and anomalous feature presented itself in the operation: the principal vessels, radial and ulnar arteries did not jet or spurt as is usual in such cases, but merely welled out their contents, which he presumed was owing to great strain and traction made on them by the teeth of the revolving cylinder. He also said that he had known similar injuries to the above, in which the patients all died for want of primary amputations. He was assisted in the operation by Dr. T. C. Hopkins, the only surviving Ex-President of this society. The circular mode was selected for the operation. The patient is doing well.

Dr. W. Hopkins was of the opinion that the chloroform may have been the cause of the anomaly in the arteries; it was, he believed, the opinion, that chloroform did exercise some control over the circulation, and that when administered it was generally advised to wait longer before dressing than if not used.

Dr. Forwood reported a case of injury from a threshing machine, in which the foot and clothing were caught, and from the effects of torsion the genitals were severely injured, being torn almost from their attachments; the scrotum will probably slough entire; the extent of injury to the testicles is difficult to arrive at; the penis seems to have sustained but little injury; the bones of the leg escaped without injury; the case is under treatment; the progress and result will be furnished the society at its next meeting.

The subject for discussion at the next meeting announced by the President, were injuries to the wrist, and indigenous plants.

Dr. Lee proposed to read at the next meeting, gleanings from the writings of a deceased medical friend. The society then adjourned.

W. W. Virdin, M. D.,
Secretary.

The Question of Specialism.

We have before us a copy of a pamphlet entitled "The Orleans Infirmary and the Medical Association of New Orleans," detailing the facts connected with the expulsion from the Association of Drs. Brickell, Beard, Choppin and Burns, for violating the article of the Code of Ethics which forbids advertising. The whole amount of advertising alleged seems to have been the circulation of a printed sheet informing the public that these four gentlemen had associated themselves together to practice in different branches of special surgery. The Circular reads as if no excessive claims are put forward, and we believe the physicians whose names it bears have always borne good reputations. We are, however, unprepared to pass any judgment, and merely mention the incident as an item in current medical history.

Editorial Department.

Periscope.

Recent Method of Treating Diseases of the Skin.

T. McCall Anderson, M. D., Glasgow, referred in the British Medical Association to the use of a solution of acetate of soda, (20 grains to ounce of water) as a local application in lupus exedens and in strumous ulceration. He then pointed out the value of the application of lint spread with melted emplastrum hydrargyri in cases of lupus erythematodes. The use of coverings of vulcanised India-rubber in certain cases of eczema, psoriasis, pruritus senilis, prurigo, ichthyosis, callositas, and many obstinate localised eruptions, was next discussed; and Dr. Anderson pointed out that the remedy acted by excluding the air, keeping the parts warm and at an uniform temperature, and promoting the secretion from the cutaneous glands which are retained so that they macerate and favor the removal of the epidermis. Lastly, he quoted a number of cases illustrative of the value of the internal administration of tar and carbolic acid, especially of the latter (which he prescribed in doses of from three to ten grains, thrice daily), in the treatment of certain cases of chronic eczema and of psoriasis.

Mr. Horton spoke of the great success of gutta-percha caps in cases of scalp-diseases, and said he thought tar was more extensively used than Dr Anderson was aware of. He knew practitioners who had used it extensively during the last twenty or thirty years, both internally and externally, and it had had good effect. In skin-disease of the hand, he had treated it by strapping it with soap-plaster, the success of which in producing absorption where there had been thickening of the skin was remarkable.

Dr. Allbutt asked, whether, in prescribing acetate of soda as a remedy for lupus, the important distinction had been made between mere serpiginous ulcerations and ulcerations dependent upon the previous existence of dermic tubercles. The former were not rebellious under treatment, the latter so terribly so, that a cure by a solution of acetate of soda would indeed be a boon. For his part, in true lupus he found no remedy so speedy, effectual, and comparatively painless, as the actual cautery.

Dr. Myrtle thought that in these cases the best caustic to apply was common nitrate of silver, and to rub it in as if the patient had no feeling. His experience was, that that would check the ulcerative process more effectually and leave far less marks. As to elastic applications, one of the best he had found was the new preparation, the elastic collodion of the *British Pharmacopœia;* and he had also experienced the good effects which Dr. Anderson had described of the ordinary gutta-percha cloth.

Dr. John Lang mentioned cases of lupus which occasionally were sent to the Convalescent Hospital at Southport. He described the masses of ulcerations in the face in some of the cases, and he said, after three weeks of treatment the ulcers had healed up. One man, from the Midland Counties, had been there three years in succession.

Dr. Anderson, in reply, said, with regard to affections of the face, no doubt a distinction must be drawn between strumous lupus and lupus exedens, or lupus vulgaris. In all these cases, up to a certain point, he thought soda would be found successful, but he must confess it was not likely to prove as successful in some cases as in others. He quite agreed with Dr. Myrtle that, if caustic was to be used in cases of lupus (and often that was absolutely necessary), none was so likely as solid nitrate of silver. Although recently he had been trying the actual cautery, he did not think the results were as certain as from the use of the nitrate of silver, but the patient suffered much more from the use of the nitrate of silver than from the actual cautery.

Intermittent Fever Treated by the Iodide of Potassium.

S. L. Abbot, M. D., reports the following case in the Boston *Medical and Surgical Journal:*

May 13, 1869. E. S. D., law student, aged 26. Applied for treatment for intermittent fever, from which he had been suffering since the first week in April. The patient was a native of Ohio, and had had several previous attacks. On one occasion he had been treated successfully by an eminent practitioner of this city with sulphate of quinine. At that time he had taken the drug ineffectually for some time, in considerable quantities, not understanding the proper method of employing it. He was speedily relieved by large doses taken with the proper interval of time before the period of access, under his physician's directions.

During the present sickness the chills had recurred daily, and the patient had suffered much from almost constant, deep-seated pains of a rheumatic character, mostly in the chest and arms, which were most severe in the latter part of the day and at night,

sometimes seriously disturbing sleep. There was some tenderness on pressure over the spleen, but no enlargement of that organ could be felt. Appetite much impaired.

℞. Potass. iodid., gr. v.
Fl. ext. quassiæ, f.ʒss.
before each meal.

18th.—Patient reported that he commenced the use of the medicine on the 14th. On the evening of that day he had a severe chill, which lasted two hours, and was followed by fever and profuse sweating, as usual. On the 15th he had another attack, but much less severe. There had been no recurrence since. The appetite was improving; the bowels were regular, and the patient felt much better generally. Directed to continue the use of the medicine until the 21st, when the evening dose was to be omitted.

June 3d.—No chill since last report. Appetite said to be "enormous," "better than for three years." Patient says, "the medicine killed the ague in just two days." The pain in the bones ceased after the third day. It is worthy of remark that during the present attack, before applying for medical advice, the patient had taken quinine in large quantities, sometimes taking as much as twenty-four grains in a day, and in accordance with the directions previously received from the physician who formerly attended him, but without the least benefit.

Diagnosis of Electricity.

Dr. Rockwell, in a pamphlet recently published on this subject, gives the following general principles of diagnosis:

1st. In paralysis of motion, the electro-muscular contractilty is sometimes normal, occasionally increased, and very frequently diminished.

Increase of electro-muscular contractility is usually observed in diseases of the brain, attended with irritative lesion, in certain spasmodic and hysterical affections, and occasionally in locomotor ataxy.—Diminution of electro-muscular contractility is usually observed in severe diseases of the spinal cord, in rheumatic paralysis, lead-palsy, in well-marked progressive muscular atrophy, and in paralysis from pressure on a nerve in some part of its course.

2d. In certain central diseases, the electro-muscular contractility is at first normal or diminished, and afterward increases with the progress of the disease, until it becomes greater than normal.

The length of time that is necessary to illustrate these variations, depends on the nature of the disease. In chronic inflammations of the spinal cord, effusions in the brain, causing hemiplegia, these variations may run through many weeks and months. In cases of hemiplegia also, these different conditions of the electro-muscular contractility may run as it were in a circle: being sometimes normal, sometimes increased, and sometimes diminished. All these changes correspond, of course, to certain changes in the pathological condition of the diseased brain. Just what this correspondence is in each case, cannot, in the present state of electrical pathological science, be well determined; but when these variations do occur, they prove that the paralysis is of central origin.

In cancer of the brain and similar extending affections, there is a remission of the muscular contractions during electrization. According to Benedikt, this is an evidence of pathological exhaustion. This has been observed in aphasia.

3d. The fact that certain forms of paralysis behave very differently under the Faradaic and the Galvanic current. Muscles over which a Faradaic current can have no influence, may contract easily under a mild Galvanic current. This important fact was first pointed out by Remak. Sometimes, as the paralyzed muscles recover, they regain their power of contracting under the Faradaic current, at the same time proportionally losing their contractility under the Galvanic. Several striking illustrations of this fact have fallen under our own observation. The Galvanic current produces muscular contractions chiefly through the nerve branches, the Faradaic through the muscular substance itself.

When, therefore, paralyzed muscles re-act to the Galvanic current and not to the Faradaic, we may suppose that the intra-muscular nerve fibres are more diseased than the nerve branches.

4th. The fact that in certain central diseases, particularly of the spinal cord, the effect of the electric current in the periphery is sensitively transmitted to the cord, and by reflex action may be communicated to the other half of the body and to the entire periphery.

This phenomenon never occurs in health. We have only observed it in organic diseases of the spinal cord.

Ovariotomy—with Remarks on Tapping Ovarian Cysts.

Dr. T. Spencer Wells publishes in the *Lancet* the result of a third series of one hundred cases of ovariotomy. We copy from the New York *Medical Journal*:

The author has arranged in a table all the cases in which he has completed the operation of ovariotomy, from the 200th case included in previous papers to the 300th. In other tables, he gives particulars of all his incomplete and exploratory operations. He finds that the mortality lessens as experience increases. Of the first 100 cases, 24 died, and 66 recovered. Of the second 100, 28 died, and 72 recovered. But of this third series of cases, only 23 died, and 77 recovered.

The author has endeavored to ascertain what influence tapping ovarian cysts may have upon the mortality of subsequent ovariotomy, and he has ar-

ranged in a table all his cases where tapping had never been done, and those in which it had been done from once to sixteen times. The general mortality of the 300 cases was 28.33 per cent. Nearly one-half of the patients, or 135, had never been tapped. In them the mortality was 27.40 per cent.—not one per cent. less than the average mortality. Rather more than one-fourth of the patients, or 78, had been tapped once. In them the mortality was 25.65 per cent. There were 19 who been tapped three times, and the mortality was 26.32. Of the 36 who were tapped twice, the mortality was exactly the same as that of the group of cases tapped from four to sixteen times—namely, 33.33 per cent.

The author is led by these facts, and by other considerations discussed in the paper, to the following conclusions:

1. That one or many tappings do not considerably increase the mortality of ovariotomy.

2. That tapping may often be a useful prelude to ovariotomy, either by giving time for the general health to improve, or by lessening shock when the fluid is removed, a few days or hours before removing the more solid part of an ovarian tumor; and

3. That when the siphon-trocar is used in such a manner as to prevent escape of ovarian fluid into the peritoneal cavity, and of entrance of air into the cyst, the danger of tapping is very small.

Dr. West agreed with Mr. Wells as to tapping being of service, especially as a preliminary operation, which might satisfy the surgeon, the patient, and her friends. In most cases the patient cannot be said to die of the tapping. We are apt to be dazzled by the success of ovariotomy. He would not speak so, were it not necessary for him to, as it were, recant his former opinions. He could, therefore, with greater grace advocate the use of the minor operation. He would ask, if any one now used iodine after tapping?

Mr. Spencer Wells, in reply to Dr. West, said that he had lately conversed with M. Nelaton and M. Boinet, who had both large experience in the treatment of ovarian cysts by iodine injections, and he found that they had both arrived at the same conclusion as his own experience of seven cases would lead to. Of his own seven cases, only one patient was alive who had not since undergone ovariotomy. This one was still in tolerable comfort, nearly ten years after the injection; but a rather large cyst could still be felt. If a cyst was unilocular, with thin walls and limpid contents, then, after tapping and injecting iodine, a radical cure occasionally followed. But it was very doubtful whether iodine had much or anything to do with the cure, because tapping alone, without the use of iodine, in this form of cyst, was also occasionally completely successful. No more fluid was secreted, the cyst collapsed, its walls probably coalesced, and after a time no trace of it could be detected by the most careful examination. When the contents of a cyst are viscid, iodine is quite useless. In such cysts, and in multilocular cysts generally, injections of iodine should be restricted to cases where, for some reason, ovariotomy cannot be performed; but where a cure may be hoped for after suppuration and drainage. Here washing out the cavity, once or twice a day, or oftener, with plenty of iodine in solution, becomes very useful; by deodorizing the offensive secretions, and probably, by preventing absorption of putrid fluid and blood-poisoning.

The general mortality of these cases was 28.33 per cent.—a result which is widely different from that of the Italian cases of the same kind, of which the mortality is 83.33 per cent. No doubt results deduced from so small a number of cases as Dr. Peruzzi records can never be relied on; but an examination of the death-rate of each successive hundred of Mr. Wells' cases shows that we may expect to find in the next Italian report an improvement in the results of ovariotomy; of his first hundred cases he lost 34, of his second 28, and of his third but 23.

Therapeutic Novelties.

Syrup of Iodide of Iron.—M. Jeannel has observed that the addition of one five-thousandth part of tartaric acid, renders syrup of iodide of iron clear when it has decomposed, and at the same time notably diminishes its inky taste.

Granular Citrate of Magnesia.—This so-called compound really consists of soda and magnesia, combined with sulphuric, tartaric, and carbonic acids, and containing sugar with some citric acid, flavored with essence of lemon.—*Pharm. Journal*, Oct., 1868.

Chanteaud's Soluble Oxide of Iron (Sucre Ferrugineux.—This compound occurs in small cubical reddish-brown crystals, with a purely sweet taste, followed by a slight chalybeate flavor. Being desirous to ascertain if the iron were really combined with the sugar in a soluble form as assserted, Dr. W. G. Smith, of Dublin, made a few experiments on a sample procured from M. Chanteaud's agent in London, with the following results: *Not a trace* of the iron is really in solution, but the peroxide is simply adherent to the surface of the crystals of sugar, for when it is digested in cold water and *carefully* filtered, the filtrate when acidified gives negative evidence with the tests for a ferric salt. The amount of iron present is extremely small, and as the result of two experiments he obtained 0.47 and 0.48 of peroxide of iron, respectively. Hence, to give a dose of this soluble peroxide of iron or saccharated oxide of iron, equivalent to 5 grs. of the ferri perox. hydr., the minimum dose in the British Pharmacopœia, we should have to order nearly 2½ oz (1,041 grs.)

Progress of the Cultivation of Cinchona.—Besides the localities of India where cinchona planta-

tions have flourished for some years past, nurseries of Peruvian bark trees have been established with success in by Jamacia Mr. Wilson and Mr. Thomson, and at the close of 1867, there were 25,000 healthy plants of the different species of cinchona in that island. In the Mauritius and the Azores, also, the results of cinchona cultivation are encouraging, and young plants have been raised with success in Chili while for the last four years, cinchona condaminea has been growing in the Expe rimental Garden o Agriculture at Washington

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The Subcutaneous Injections of Morphia in Dyspepsia.

In the *Practitioner* of June, 1869, Dr. T. Clifford Allbutt says:

I was first led to prescribe morphia hypodermically in dyspepsia, by observing the effects of its continued use in a lady whom I was treating by this method for rheumatic gout. To enter fully into her case would occupy a disproportionate part of my space. Suffice it to say, that she is a lady of extreme nervous susceptibility, and that her dyspepsia was something far more than the dyspepsia of disordered secretions. The mucous membrane was extremely irritable, the appetite uncertain, and the bowels very capricious; so that a little worry, or a little alarm, or a little over-exertion, would at once take away the appetite, bring on diarrhœa, or cause sickness. There was evidence, in fact, if I may use a somewhat inaccurate expression for brevity's sake, of extreme hyperæsthesia of the digestive mu cous membrane. These symptoms were relieved, from time to time, by bismuth, steel, digestive pills, with minute doses of opium, and the like. But it was not until she began to use the hypodermic method for the rheumatism, that I discovered how happy an effect the morphia had upon her digestion I began to find on the morning visit, that the mor phia of the evening before, so far from coating the tongue and depressing the appetite, cleaned the tongue and made her quite hungry. The days of her best appetite and most regular stomach and bowels, were the days following the subcutaneous injection of a quarter of a grain of morphia. I was so struck with this, that I determined to use the syringe in many of those unhappy nervous dyspeptics who are the plague of a doctor's consulting-room, and the results have far exceeded my expectations, which, at first, were only moderate.

I will now try to show in what kind of dyspepsia I advise the subcutaneous use of morphia. In doing this I shall only cite cases as illustrations, and shall leave proof to my readers, who will have ample opportunities for trial. The incessant use of the unsatisfactory expression, "atonic dyspepsia" in our books, is an evidence of the strong general feeling we have that a large number of such cases depend less upon disordered organs, than upon organs deficient in vigor. Very frequently, however, we find not a mere passive debility, but a state of instability, of irritability, or of erethism; whichever word may best convey any meaning. And it is not widely enough known that many cases of foul breath, thirst, and loaded tongue, depend rather upon this nervous condition than upon "sluggish liver," or "deranged secretions." It is in these cases that the hypodermic use of morphia is so strikingly successful. Such forms of dyspepsia we know often occur in "hysterical" women, and I may say, in passing, that the morphia syringe, carefully used—and used carefully in a moral as well as a medical sense—is by far the most potent means o remedy we have for "hysteria." Nothing so soon and so permanently relieves general irritabilities, instabilities, globus hystericus, capricious appetite, etc. I do not apologize for this digression, for in the dyspepsia of these cases the syringe is most useful.

Miss ——, aged twenty-eight, had recently been disappointed in love. She had become moody, capricious, melancholic, and indolent. She refused her meals, and she lay mostly in bed. She suffered most painfully from globus, and frequently vomited her meals. She had begun to crave for and take alcoholic stimulants. When I saw her I found, in addition, a restless, conscious manner; muddy complexion; soft, easily-quickened pulse; coated tongue; uncertain bowels; tumid abdomen; cold extremities, and flushings of face and neck. She complained, of course, of the usual lassitude, sinkings, tremors, etc. Her temperature was normal in the evening, and the catamenia were but little wrong. She had been carefully treated for the various secretions, and had subsequently undergone careful and vigorous tonic treatment. I gave her an injection of a quarter of a grain of morphia the same evening. I scarcely dare describe what I believe to have been its effects, lest I should seem to emulate the virtues of Holloway's pills. I was amazed to see her walk, with her sister, into my consulting-room, the next morning, soon after breakfast, and declare that she was a new woman. From that time we used only the syringe (one-fourth of a grain every night), and she made a most satisfactory recovery—the tongue cleaning, the appetite returning, the pulse steadying, and the *morale* improving. All desire for alcohol, and all tendency to globus and vomiting disappeared with the first injection, and did not return. I write about four months after her recovery. The injection was readily omitted when the health was restored, and no tendency to opium-eating appeared. Indeed, one night, when the injection could not be given, she took a pill containing a quarter of a grain of morphia, and expressed great discontent next day with its disagreeable effects, which were the same as in a healthy person unaccustomed to the drug.

My space is, I see, rapidly diminishing. So, without further remark, let me run on to another case of a kind which often baffles all treatment:

Mr. ——, a merchant, having somewhat large dealings of an anxious kind, but not under any special pressure, consulted me for dyspepsia. He said, "I fear you can do nothing for me; I have seen" So-and-so, and So-and-so (naming eminent London physicians), "and I know that I am a hopeless dyspeptic. Nothing does me good for any length of time." He was of a well-known type—spare, fretful, keen, hasty, or absent in manner, dry skin, sallow face, pale, compressed lips, stooping gait, and quick-step. His tongue was too clean, and was red at the tip and edges. Pulse small and quick, usually ninety when at rest. Evening temperature normal. No suspicion of tubercle. His meals were a dread to him, instead of a hope, and bed at night was an actual terror. Here was a specimen of the true nervous dyspeptic; and I need not describe him more in detail. Knowing that every conceivable remedy had been tried, I put him at once upon the subcutaneous injection of morphia. He had about one-fifth of a grain about three P. M., followed by a rest in bed. This he had for ten days, and his improvement was as pleasing to me as to himself. His afternoon injection soon began to make him positively hungry for his evening dinner, and his nights became "quite balmy." I then gave a quarter of a grain every night for a week or ten days longer, and had the pleasure of seeing him cured as to his dyspepsia, and more light-hearted than he had been for years. The recovery is as yet too recent for me to judge of its permanency.

I must pass by the dyspeptic with the flabby indented tongue—for whom, indeed, my experience would not lead me to try the morphia until steel and strychnine had utterly failed—and I must conclude with the following case of acute gastric catarrh.

I was requested to meet my friend Mr. Atkinson in the case of Mrs. ——, who was suffering from great disturbance of the stomach. We diagnosed 'acute gastric catarrh," and I am pleased to find on consulting Dr. Wilson Fox's book, for the first time in reference to this case, as I now write, that our diagnosis is well borne out by his description of Acute indigestion and the 'embarras gastrique.'" Mrs. —— was a young married woman of about twenty-five. She had suffered from several causes of depression, one of them being flooding after labor. There was decided epigastric tenderness, some pain after food, and constant vomiting. The vomiting occured always after food, however small the quantity, and often independently of food, when considerable quantities of mucus and water were ejected. The tongue was thickly furred, and the breath offensive; there was decided evening fever (Fahr. 100°–101.5°), with quick, weak pulse and night sweats. She complained much of thirst, and would, if permitted, swallow quantities of cold water. There were head-ache, lassitude, and extreme debility. Sleep was absent, or was dreamy and unrefreshing. The urine was scanty and thick, the bowels constipated. Mr. Atkinson had tried every dietary, nutritive enementa, and every kind of remedy (opium included), for several days without relief, and the symptoms became alarming. He gladly, therefore, agreed to try the morphia injection, and he was pleased with the result as I was. We injected a quarter of a grain in the evening with the effect of at once arresting the vomiting and procuring sleep. In this case the morphia injection had also the wonderful effect I have before mentioned, of creating appetite and cleaning the tongue. The next day she began to retain milk and lime-water, the vomiting became rarer, and rarer, and the ejected mucus far less copious. She had the injection repeated nightly for a week or ten days, and progressed, with few drawbacks, to convalescence.

I must now remember the limits which are necessarily imposed upon papers like the present, and must deprive myself of the pleasure of relating many more cases, and of discussing in full those which I have told. I regret this the less as I desire only to draw the attention of my readers to this useful method of treatment and to ask them to prove its worth for themselves. I believe, as my friend Mr. Teale often says, that we are only on the threshold of our knowledge of the virtues of morphia when injected under the skin.

Counter Irritation.

In the Dublin *Quarterly Journal* it is remarked that in a pamphlet recently published, Dr. James Ross very ingeniously endeavors to establish logically the theory that the real nature of the influence exerted by counter-irritants is that of a stimulant, and that the influence transmitted from an inflamed surface to a neighboring morbid texture is conveyed through the medium of the parenchyma, *i. e.*, from cell to cell, not only when the structures are continuous, but also when they are merely contiguous. We are reminded that a very extensive series of changes may be set in motion within the body by a cause which would be regarded as inappreciable if measured by any known standard of comparison, except the effects which it produces on the living body. Dr. Ross attempts to show that the various empirical laws or practical maxims which direct the practice of counter-irritation are in harmony with the conditions of his theory, as tested by the laws which ought to govern a scientific hypothesis. Though it cannot be said that Dr. Ross has unequivocally demonstrated his theory, or that his arguments are altogether free from objections, he deserves our thanks for his thoughtful attempt to work out a

therapeutical hypothesis by the received principles of logical investigation.

A plain and rational plea in defence of counter-irritation has been put forward by Dr. Painter, and he illustrates by a number of facts how an impression on one part of the body may influence beneficially a distant part, although there may be no *direct* vascular or nervous connexion, and without positively affirming how, in a given case, counter-irritation may be of service, points out several ways in which great good may be effected by such means. He draws especial attention to the possibility of the continuity of the morbid nutrition being interrupted by the impression or new action set up by the irritant, just as bad mental habit may be broken by a sudden necessity or shock.

But the practical utility of counter-irritation has quite recently found an able and energetic advocate in Dr. Risdon Bennett, and he adduces such a variety of instances, drawn both from nature's own operations and from therapeutic experience, many of which must be familiar to every "practical physician," as should convince the most sceptical of the value of counter-irritation despite our inability to give a plausible explanation of its mode of action in each case.

Defining counter-irritants as "agents which, by their irritant action, determine an increased attraction or flow of blood to one part of the body, and thus influence morbid action in some other part," he thereby excludes the consideration of such means as setons and issues as having a much more complex action.

Reviews and Book Notices.

NOTES ON BOOKS.

The venerable Dr. J. MAURAN of Providence, R. I., President of the Alumni Association of the College of Physicians and Surgeons of New York, delivered an address before the Association last March, on the Registration of vital statistics. It has since been published and deserves the consideration of statiticians. In 1863 Dr. Mauran also delivered an address before the same body entitled "Personal Reminiscences of 'Old New York' in 1817," full of interesting anecdotes of times of which there are few eye-witnesses left among us. Both his addresses will be read with interest.

DR. A. D. SINCLAIR has contributed to the publications of the Mass. Med. Soc. a case of myxoma or hyperplasia of the villi of the chorion, seemingly quite unprecedented in the excessive length of the villi. The article is also published separately, and is worth preserving (David Clapp & Son, Boston, Publishers).

"Good health, a journal of Physical and Mental Culture" is the title of a monthly, now at its fifth number, published by Alexander Moore, Boston, Mass. It is as may be guessed from the title, semi-medical in tone, and we frankly say for it, that it does not contain quite the usual amount of twaddle which seems fated to characterize such journals. There are some few really good pieces in the different numbers, though we would like it better if the editor when taking such from another publication would give some slight credit. As an example of unmitigated twaddle is the article on "Pork" in the October number. It is an obsolete absurdity among cultivated physiologists to decry this meat. Swine's flesh is as pure, clear, and wholesome as that of chickens or oxen, when from a healthy animal, and we will aver that a well prepared dish of "sausage and scrapple" never yet injured a healthy eater.

Sleep and its Derangements. By William A. Hammond, M. D., Philadelphia. J. B. Lippincott & Co., 1869. 1 vol. 12 mo. cloth, Pp. 318. Price, $1.75.

The phamphlet which, in 1865, DR. HAMMOND published on Wakefulness and Sleep, attracted, deservedly, considerable attention in this country and Europe. The subject was one of great interest to both professional and general readers, and it may be said that, up to that time, no comprehensive monograph had appeared upon it. The present volume is based upon that pamphlet, but it embraces a much wider range of vision. It treats in separate chapters of the necessity of sleep, the causes of sleep, its physical phenomena, the state of mind during sleep, of wakefulness, the exciting, causes of wakefulness the physiology of dreams, morbid dreams, somnambulism, its treatment, somnolence, and somnolentia or sleep—drunkenness. A large number of anecdotes and cases are given which serve to explain and illustrate the author's views He still adheres to his theory broached in 1865, that the condition of sleep is one connected with diminished cerebral pressure, and in the appendix details several ingenious experiments, which, in his view, go to prove it.

The work is very neatly printed, on tinted paper, and will be found quite entertaining by both medical and non-medical readers.

A Handy-Book of Ophthalmic Surgery for the use of Practitioners. By John Z. Lawrence, F. R. C. S., assisted by Robert C. Moon. With numerous illustrations. Second edition, revised and enlarged. Philadelphia. H. C. Lea, 1869. 1 vol., 8vo., pp. 227. Price, cloth $—.

Mr. Lawrence in writing this work had in view the wants of the general practitioner rather than the specialist, and made it his object to divest ophthalmic science to as great an extent as possible of the difficulties—many of them artificial—with which it has been surrounded. In this undertaking he has been successful, and as a convenient manual for the physician who pretends to no uncommon knowledge of the diseases and surgery of the eye, this "Handy-

Book" will be found worthy of its name. Snellen's best types have been added by the publisher, and here is much additional matter in this edition.

The Membrana Tympani in Health and Disease. Illustrated by 24 Chromo-lithographs. By Dr. Adam Politzer, of the University of Vienna. Translated by A. Mathewson, M. D., and H. G. Newton, M. D. New York. Wm. Wood & Co., 61 Walker Street. 1869. 1 vol., 8 vo., pp. 183.

Dr. Politzer's name is probably best known to American physicians in connection with his simple and ingenious method of inflating the middle ear. In Germany he has for many years occupied a high position, though hardly the highest, as an aurist. He has written for medical periodicals quite extensively, but we believe this is the first of his productions which has appeared in book form in this country. Such being the case we are not altogether satisfied with the pains taken by the translators in putting his words in an English dress. The sentences are frequently too Germanic and involved to be good English, and on what principle of grammar an author has a right to call himself "we" and "I" in the same paragraph we do not know. We fear the translation has been hasty and uncritical.

The material is excellent. Dr. P. has given great attention to the relation of the tympanum to aural affections, and the descriptions he gives of the membrane and the indications for treatment are original and valuable. Portions of the work have never been published, having been translated from manuscript. The chromo-lithographs have been well executed, and the typographical execution of the work deserves commendation. Aural surgeons will find it a useful addition to their libraries.

Sources of Longevity; its Indications and Practical Applications. Parts I and II. New York, Wm. Wood & Co., 1869. 2nd edition.

This volume contains quite a diversity of contents, in fact it seems to be half a dozen separate publications stitched together. First comes "Biometry; a new Philosophy, answering the questions, 'Am I probably long or short lived? Can I myself know the indications?' an exposition of the laws of life or life-time, exhibited in family inheritance and personal indications of longevity," by T. S. Lambert, M. D., L. L. D. Then follow the two Prize-Essays on the Physical Indications of Longevity, by Dr. J. V. C. Smith, of Boston, and Dr. John H. Griscom, of New York, which are excellent essays, and the back-bone of the whole book. Next is added a "Brief application of the Exposition and Essays," which, the title page informs us, contains, "striking pen-pictures of indications of impending incipient diseases," (!!) from a paper by C. L. Hubbell, M. D. After this remarkable effort comes "The Practical Relations of Biometry, a new Philosophy, to life insurance, explaining the necessity for the new methods of equalizing premiums and insurances."

We presume the new volume will answer the purpose of making the American Popular Life Insurance Company favorably known, for which purpose the essays were written. What critical remarks we have to make on the "indications of longevity" we will reserve for some future article, as we have not the space to discuss them here.

Reports on the Diseases of Cattle in the United States, made to the Commissioner of Agriculture, with accompanying Documents. Washington. 1869. 1 vol., pp. 190.

The Hon. Horace Capron, our present Commissioner of Agriculture, has conferred a benefit on science and commercial, as well as agricultural interests, in publishing this interesting volume. It contains a report on the Lung Plague, by Prof. Gamgee, and others by the same writer on the ill effects of smutty corn on cattle, and on the splenic or periodic fever in cattle; remarks on the *ixodes bovis*, by Mr. Riley; a letter on the fungi of Texas, and a report on the fluids of diseased cattle, with reference to fungi, etc., by those expert microscopists, Drs. Billings and Curtis, U. S. A. A copper-plate and several wood cuts are inserted.

Faraday's Reply to the Brothers Davenport.

He replied to an invitation of the Messrs. Davenport: "I am obliged by your courteous invitation; but really I have been so disappointed by the manifestations to which my notice has at different times been called, that I am not encouraged to give any more attention to them, and therefore I leave those to which you refer in the hands of the professors of legerdemain. If spirit communications, not utterly worthless, should happen to start into activity, I will leave the spirits to find out for themselves how they can move my attention. I am tired of them." A few weeks later he replied to another different invitation: "Whenever the spirits can counteract gravity or originate motion, or supply an action due to natural physical force, counteract any such action —whether they can pinch or prick me, or affect my sense of feeling or any other sense, or in any other way act on me without my waiting on them, or, working in the light, can show me a hand, either writing or not, or in any way make themselves visibly manifest to me—whenever these things are done, or anything which a conjuror cannot do better, or, rising to higher proofs, whenever the spirits describe their own nature, and, like honest spirits, say what they can do, or pretending, as their supporters do, that they can act on ordinary matter whenever they initiate action, and so make *themselves* manifest—whenever by such-like signs they come to me and ask my attention to them, I will give it. But until some of these things be done, I have no more time to spare for them or their believers, or for correspondence about them."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 23, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

SENTENCE OF SURGEON GREEN, U.S.N.

It is announced that the sentence in the case of Surgeon Green, U. S. N., of the *Nipsic*, who was recently tried by court-martial for disobedience of orders, and on other charges, has been promulgated, and that Secretary ROBESON remits so much of the sentence as requires the proceedings and the sentence of reprimand to be read on all the vessels and at the navy yards, and merely suspends him from duty for two years.

This case has excited a wide spread interest both in and out of the navy, and while we are heartily glad to see the Secretary exercise such a judicious clemency, we can not but regret that there has been any occasion for him to do so. It seem to us that Dr. GREEN could not have acted otherwise than he did, without violating his conscience, and doing injustice to those whom he was appointed to protect.

If the findings of the court were, and no doubt they were, in accordance with naval regulations, then it but shows with a stronger light than ever, how unjust these regulations are in their application to the medical staff.

OLD TRUTH REVIVED.

In the ever shifting sea of opinion the bark which bears the healing of the nations is forever tossed about; or, to speak less figuratively, with the varying views of physiology, pathology and medical philosophy, the department of therapeutics, the only part of medicine for which the general public cares a fig, has of late years lost its stable foundation. A fashionable and widely prevalent doctrine is that drugs are of little or of no service in the cure of disease, that venesection should be wholly dropped, that severe counter-irritation is "barbarous," that cathartics are absurd, and that our true stronghold is the "efforts of nature." Expectantism, and nihilism are the passwords of the hour. It is common to hear physicians say, "I do not believe much in drugs." The saying of that distinguished physician is quoted with approval, who is reported to have remarked in his old age: "I used to have twenty remedies for one disease, but now I have twenty diseases for one remedy."

Not less to be criticized are those who, with some theory of the rationale of therapeusis, or of the action of medicines, set to work to study out by *a priori* reasoning a system of practice, to which, as to some couch of Procrustes, they diligently stretch and fit all their experience. Pathology and physiology are to these the mentors of therapeutics. Theorizing with them obscures experience. The principles advocated by Bacon in scientific research, they willingly agree with in words, but deny in works.

Neither party allows much to specifics. Such a belief they confound with some obsolete doctrine of signatures, and do not hesitate to asperse the success of the old masters by either denying the accuracy of their observations, or claiming as a substantial fact some imaginary "change of type" in disease.

Fortunately, a strong but somewhat silent party is to be found, which holds that the only truly philosophical method of scientific investigation is that by direct experiment, "the empiric method," as philosophical historians call it, a name of honor, which, by one of those curious degradations of language, has almost become discreditable. The true empiric is the

observer who strictly pursues the inductive method, who stands aloof from one or other school, who watches the operations of nature with singleness of eye, who accepts reverently what she is willing to disclose, and fabricates no story of what she withholds. He has no system, no theory, no rationale, no faith, but only knowledge. When such a spirit pervades modern therapeutical research, we shall return to many practices now discarded, and hold in honor many methods now disused. We plainly see that this period is approaching, and before long we look to see a fuller faith in drugs, in specific medication, in venesection, and in powerful agents.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 27.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Treatment of Functional Indigestion.

William Aitken, M. D., Edin.

245. ℞. Sodæ bicarbonatis, gr. xv.
Potassæ nitratis, gr. iij. M.

For one powder, to be taken two or three times a day, in those forms of indigestion marked by excessive acidity and heartburn. At the same time free action from the liver and bowels must be sustained by occasional small doses of blue pill or podophyllin, combined with extract of colocynth and of henbane, while exercise and diet are duly attended to.

246. ℞. Ammoniæ carbonatis, gr. i.
Extracti gentianæ, gr. ij. M.

For one pill, ter die in weakened digestion from over-fatigue.

247. ℞. Extracti nucis vomicæ,
Ferri sulphatis, aa. gr. ½.
Extracti colocynthidis compositi, gr. iv.

This combination taken early in the morning generally induces gentle action of the bowels.

In prescribing the mineral acids, our author calls attention to the following general rule, stated by Dr. Bence Jones, namely, that the influence of sulphuric acid is astringent while that of hydrochloric acid promotes digestion, and of nitric acid secretion.

Thomas King Chambers, M. D., Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital, London.

248. ℞. Acidi hydrocyanici diluti, ♏.iv.
Infusi gentianæ, f.℥ss.

For one dose, ter die, in heartburn due to oversensitiveness.

249. ℞. Zinci oxidi,
Pilulæ aloes et myrrhæ, aa, ℥jss.

Divide into xx pills; one ter die, in the nervous trembling, indigestion of food and vomiting arising from indulgence in spirit-drinking between meals, and in the forenoon.

J. M. Da Costa, M. D.

250. ℞. Acidi nitro-muriatici, f.℥ij.
Vini pepsini, f.℥iij.

A teaspoonful three times a day, before or after each meal. In functional indigestion owing to want of proper secretion of gastric juice. When there is constipation add also

251. ℞. Pulveris rhei, ℈j.
Quiniæ sulphatis, gr. x. M.

Divide into x pills, one to be taken at night. If this be not sufficient to produce a laxative effect, take one night and morning. Meat diet almost exclusively, avoiding starchy substances.

Thomas Hawkes Tanner, M. D., F. L. S., London, etc.

252. ℞. Acidi nitro-muriatici diluti, f.℥ij.
Acidi hydrocyanici diluti, ♏. xxv.
Tincturæ arnicæ, f.℥j.
Tinc. gentianæ compositæ, f.℥j.
Infusi sennæ, q. s. ad. f.℥iij. M.

A tablespoonful two or three times daily, in dyspepsia, with sluggish action of the liver. The efficacy of this prescription may often be increased by giving with each dose the following pill:

253. ℞. Zinci sulphatis, gr. j–ij.
Extracti gentianæ, gr. iv.
254. ℞. Quiniæ sulphatis, gr. xij.
Pulveris ipecacuanhæ, gr. xij–xxiv.
Extracti gentianæ, gr. xxiv. M.

Divide into xij. pills, and order one to be taken every day at dinner. An excellent remedy in cases of slow digestion.

255. ℞. Ferri redacti, gr. xxxvi-℥j.
Pepsinæ, gr. xxxvj.
Zinci phosphatis, gr. xviij.
Glycerinæ, q. s.

Divide into xxiv. pills, silver them, and order two to be taken every day at dinner. In anæmia, etc., with weakness of the digestive organs.

*Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's Office of the District Court for the Eastern District of Penn'a.

N. B.—This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

The Practice of Medicine in Oregon.

A subscriber in Oregon writes as follows: In some respects this is a good country to practice medicine in. The prices are almost double those charged East, payable in coin, but no attention is paid to medical ethics; each one does what he considers right in his own eyes. There is a Medical School at Salem—the capital. The number in attendance is small, and the graduates few, and not very well qualified. The physicians and surgeons of the regular school, in the cities of Portland and Salem, are well qualified, and will compare favorably with those of any eastern city. They are generally graduates of English, New York and Philadelphia schools.

Carbolic Acid.

A short article on the employment of carbolic acid in surgery, published in the *Bulletin General de Therapeutique Medicale et Chirurgicale*, shows that authorities on the continent do not regard it with quite as much favor as some British and American surgeons do. Since, says our French contemporary with much justice, carbolic acid has become the fashion, it has been used, or rather abused, by attributing to it impossible properties; it obtains these marvellous properties, above all, in the hands of English surgeons, who are infatuated with it. Our French authority holds that in spite of the great powers attributed to it by Mr. Lister, the death-rate has been greater in Mr. Lister's hospital since its employment than it was some years ago before it was known; he maintains that the cases recorded of excision of the wrist, of fracture opening the ankle-joint, &c., cured without suppuration, are but exceptions such as every surgical method can claim; that such is the case to some extent seems clear from the following opinion of the merits of carbolic acid published by Dr. J. Bell:

"The cases I have reported are merely examples out of the many we have had, illustrating the same great practical fact, that the use of carbolic acid dressing as an antiseptic method, followed out with due care, and with the great precautions which are essential to success, is able in some cases practically to get rid of suppuration; in nearly every case greatly to diminish its quantity, and entirely to destroy its fetor."

The Weather and Eclipses.

There is a popular belief, says the *Scientific American*, that a season in which a solar eclipse occurs is either colder, or that the weather exhibits vagaries not observable in ordinary seasons. The present season has been in the vicinity of New York extremely cool, and more than an ordinary rainfall has taken place. This has not been universally the case, and must therefore be considered merely a local peculiarity of climate.

We have found that popular opinion very often has some basis in fact, although the cause may not be the one generally supposed to account for a given phenomenon. A good example of this is the discovery by Dr. Richardson, in his experiments with the great induction coil, at the London Polytechnic Institution, that arborescent marks may be produced on the bodies of persons struck by lightning, a fact which has been discredited by scientists. The popular opinion in regard to these marks has been that they were the images of trees photographed upon the skin by electrical agency.

Now, although the experiments of Dr. Richardson confirm the production of the marks, they show, that, instead of being images of trees or plants, they are the superficial tracings of blood vessels, which the electric current has followed on account of their greater conductivity.

So in the case of peculiar weather occurring at or near the period of a solar eclipse, we deem it probable that an examination may show the popular opinion to be correct, although the cause may have no immediate connection with the eclipse itself.

Cholagogues.

According to a recent report to the British Medical Association, experiments and observations seem "to show that pil. hydrarg., calomel, and corrosive sublimate, when given to dogs in either small, gradually augmented, or in large doses, do not increase the biliary secretion; they do not even influence it so long as neither purgation nor impairment of health are produced, but they diminish it as soon as they do either or both."

The results of observations made in reference to podophyllum and taraxacum are as follows:

1st. Doses of podophyllin (resin of podophyllum) varying from 2 to 8 grains when given to dogs diminished the solid constituents of the bile, whether they produced purgation or not.

2nd. Doses which produced purgation lessened both the fluid and solid constituents.

3rd. During an attack of dysentery both the fluid and solid constituents of the bile were greatly lowered.

4th. Doses of the solid extract of taraxacum, varying from 60 to 240 grains affected neither the biliary secretion, the bowels, nor the general health. It appears, also, that purgation, produced by a variety of causes, either spontaneous, dysenteric, or from mercury or podophyllum, diminishes both the fluid and solid constituents of the bile.

"Compendium of Modern Therapeutics."

This is the title of Dr. Geo. H. Napheys' work, portions of which have appeared as the "Therapeutical Bulletin" in this journal. The large number of inquiries we have received for it from all parts of

the country, guarantee us a proportionate sale, and as our readers have seen parts of it, they know what they are ordering. The work is to be arranged on the nosological plan with complete indexes. It will be ready about December 1st, and we advise all who wish an early copy, to forward their names at once. It will contain over 300 pages, with about a thousand recent formulæ, mostly from living practitioners, and sell for $2,25.

Dr. Livingstone.

So many announcements have been made of the undoubted safety of Dr. LIVINGSTONE, statements which have not yet been proven to be well founded, that we are backward about accepting anything more on the subject, until there is a better foundation. We will mention, however, with the hope that it may prove true, news have been received in London lately through a missionary arrived there from Zanzabar, who brings the welcome intelligence that Mr. Kirk had received a letter from Dr. LIVINGSTONE, dated February, 1868. The doctor was then on Lake Tanganyika. He was in good health, but short of provisions. It is further stated that he was seen about eighteen months ago by some native Africans who have come from the interior, and it is supposed that he will emerge on the western coast of Africa in the Congo country. Since the above was written more recent news has been received from Dr. Livingstone.

Treatment of Sycosis.

MR. STEWART employs successfully, in every case of sycosis, a simple solution of nitrate of potash. A saturated watery solution should be applied three or four times daily over the pustules and the whole diseased surface. If the pain caused by the application is too great, the strength of the solution is to be reduced until it can be tolerated. Another agent of ancient use but lately revived, is turpentine. We have used it with striking success in several cases recently.

Tteatment of Epilepsy with Cold Water.

M. DECAISNE has communicated to the Academy of Sciences a memoir in which he relates the effects he has obtained in treating epilepsy with cold water. The success obtained by M. Fleury in adopting that mode of treatment in intermittent fever, has led M. Decaisne to give it a trial in epilepsy. The results are strikingly satisfactory, since M. Decaisne states that out of twelve cases four were completely cured, five were much ameliorated, and only three remained refractory.

Copaiba and Cubebs in Croup.

M. TRIDEAU, some time back, published some twenty-six cases of croup which he had treated successfully by these drugs. At the meeting of the Societe de Therapeutique of Paris, Messrs. Burguon and Labrie found that by giving the oleo-resinous extract of cubebs in syrup, they had overcome the repugnance of children to this drug. In one case reported of its efficacy, the false membranes softened and disappeared in a very short time—*Med. Press and Circular*, Sept. 1, 1869.

Elephantiasis Arabum.

The treatment of this complaint by means of compression or deligation of the main vessels, is discussed by Dr. Fischer, in Virchow's *Archiv*. All the cases reported are collected and discussed as to etiology, treatment, and results. As deligation has in several cases proved disastrous, the author is inclined to think that compression will in general (at least *in limine*), be preferred.

Cutaneous Disease from Wheat.

In some parts of France, from the heavy rains of last year, the wheat was damaged. The persons employed to turn it over became affected with a very troublesome eruption, which, commencing with painful itching, ended in the course of three or four hours in redness and a miliary eruption, which disappeared in the course of three or four days. M. Rouyer noticed a great many small black moving points, of the same nature as those observed on the damaged wheat. Examined under the microscope, he found them to be acari.

Remarkable Operation—Extirpation of a Kidney.

At a meeting of the New York Medical Journal Association, Dr. H. KNAPP made a communication concerning a new triumph of surgery, namely, the *successful extirpation of a kidney* by Prof. G. SIMON, Heidelberg. The patient on whom the operation had been performed, early in August last, was a woman both of whose ovaries and part of the uterus had been excised previously by another surgeon, for ovarian dropsy. The wound had healed, but a *urinary fistula* had established in the cicatrix of the abdominal wall. By ingenious experiments, Prof. SIMON found out that it was not a piece of the bladder, but one of the ureters, and which of the both, that had been implicated in the cicatrix. The extirpation of the corresponding kidney was not easy, but affected without a serious accident. The patient experienced some fever during the two first weeks after the operation, but recovered entirely within six weeks. Dr. KNAPP said that he felt happy in being authorized to give the Society this preliminary notice according to a letter he had just received from Prof. SIMON himself. He thought this operation would interest the Society, not only as the newest, but also as one of the most remarkable surgical achievements.

Fashionable Medical Literature.

In a review of a recent work of fiction the New York *Nation* says:

By the way, what the doctors are telling us about the changes which are occurring in the types of disease at the present day, and the increasing prevalence of nervous and brain diseases, seems to have been seized upon by the novelists as affording some fresh material. This is the third novel of the season—the other two were foreign; the one German, the other English—in which we have found the gradual approach of paralysis and the notation of its symptoms to be rather effectively used. The hectic cheek and the hacking cough which used to heighten a heroine's beauty and deepen a reader's sympathy begin to give place in interest to a numbness in the cerebellar region, a stinging pain along the spine, and certain accompanying mental aberrations. The medical journals do the thing with a more scientific accuracy, no doubt, but they can seldom lay claim to much dramatic interest, and are not apt to concern themselves about scenic effects.

Praiseworthy Action.

Massachusetts has established a State Board of Health. Drs. Henry I. Bowditch and George Derby have been chosen chairman and secretary respectively, and from an address made by the former at the first meeting of the board we learn the specific duties imposed upon it. These are (we quote Dr. Bowditch): "To take cognizance of everything tending to public health," and, consequently, "to endeavor to eradicate everything tending to public disease and death;" secondly, "to diffuse among the people a knowledge of the means of obtaining individual and public health and preventing disease;" lastly, "to investigate the effects of the use of intoxicating liquors upon the industry, prosperity, happiness, health, and lives of the people," and to suggest legislation on any or all of the subjects submitted for enquiry to the board. Dr. Bowditch proposes for the diffusion of knowledge to use the lyceum, "the publication in a compact form and the wide circulation of the pith, so to speak, of our general knowledge on public hygiene," and by brief, business-like, unrhetorical reports annually to the Legislature.

We hail this movement with applause, especially that portion of it which looks to the distribution of sound medical knowledge among the people. The obscurantists of our profession have had their way long enough, and done harm enough. It is now time that some one besides itinerant quacks should circulate knowledge on physiology and hygiene.

Six at a Birth.

We recently noticed in the New York *Tribune*, and other papers, a statement that a lady at Preemption, Illinois, had become the mother of six children at one time. We wrote in amazement to one of our subscribers there, who asserts most positively that such was the fact, but adds the explanation, that the way it happened was that she married a widower with six children!

A Winter Resort.

Next month a handsome hotel, the "Royal Victoria," will be opened at Nassau, N. P., for the reception of invalids and tourists. For some cases the climate of the Bahamas is more eligible than that of Florida, and we are glad to learn that good accommodations are to be provided for visitors.

To Our Readers.

We have recently made arrangements with some of the most eminent medical authors in this city, New York and Boston, to write regularly for the REPORTER, and can promise our readers that they will have some of the best articles in any medical periodicals. We shall also be glad to receive medical news and facts of professional interests from all parts of the country, and hope that our readers will keep us well supplied with such information.

The Cholera.

Accounts continue of the great havoc cholera is making in Raipore, India. We learn from an exchange that no less than sixty-three deaths occurred lately in the town of Raipore. We have also news from Nursingpore, and the writer says that matters there too present a very gloomy aspect indeed. The people of that district are in a great state of alarm and excitement. Returns show that out of 220 cases 160 deaths took place, and among the fifty European railway employes five were attacked, and all succumbed to the disease.

Punctured Wound of Skull and Brain.

A case of death from puncture of the skull and brain is reported in the *British Medical Journal*.—A child was playing on the sofa with a table-knife (said to be a small one) in his hand. He fell off the sofa, and the knife entered between the right eye and the nose to the depth of about two inches. It stuck fast in, requiring some force to pull it out. The child was attended by Messrs. Horton and Tanner. No symptons occurred till the next afternoon, when he became delirious, gradually sank, and died. A child was admitted not long ago into the London Hospital who had fallen on a garden rake. One of the spikes entered in the right parietal region, causing a punctured fracture. There was no symptoms of cerebral irritation till the third day, when convulsions suddenly come on, and the child died.

Peculiarities of the Retina of the Hedgehog.

MR. J. W. HULKE remarks that the distribution of the retinal blood vessels in this insectivore is most

remarkable, from the act that only capillaries ente the retina.

In all other mammals except the hedgehog, as far as known, the arteries, veins, and capillaries enter into the retina. In fish, amphibia, reptiles, and birds, the retina is absolutely non-vascular, the absence of proper retinal blood-vessels being compensated for in fish, amphibia, and some reptiles by the vascular net which in these animals channels the hyaloid, and by the highly vascular pecten present in other reptiles and in birds. Thus, it is possible to divide vertebrates into two classes, according as their retina is vascular or not.

Ice in Affections of the Testicles.

DIDAY (*The Annales*) employs ice in some of the affections of the testicular apparatus: 1st, In orchitis, sometimes complicated by blennorrhagic epididymitis, he finds it serviceable; 2d, In testicular neuralgia; 3d, In certain states in which pain constitutes the predominant feature.

Poisoning by Arnica.

A case occurring in a woman of thirty-three years of age, is reported in *Schmidt's Jahrbucher*. She had drunk two glasses of infusion made from a large handful of the leaves. The symptoms of poisoning lasted seven days, and the patient was not quite well till the 12th. The prominent symptoms were violent vomiting, intense headache, choleriform diarrhœa, with very severe gastro-intestinal colic, followed by collapse, cold extremities, and remarkable depression of the pulse. The treatment consisted principally of the use of extract of thebaine and of morphiæ.

Phenic Acid in Syphilis.

DR. MINTEFORTE (in the Italian *Journal of Venereal Diseases, &c.*) recommends the application to syphilitic ulcers of a solution of phenic acid in water, five parts to 100. Dr. FIDELE DE FIERI extols the deuto-phosphate of mercury, one grain a day continued for two months, in tertiary syphilis.

Camphor as a Preventive of Oxidation.

MR. GEORGE WELLBORN (*Journal of Applied Chemistry*) finds that a small lump of camphor placed in a bottle of recently crystalized protosulphate of iron preserves it from oxidation, the salt remaining as a transparent solution after it had been kept three months. If the odor of camphor acquired by the salt is objectionable, it may be exposed awhile before using, or it may be removed by alcoholic washing and dried.

On Liquid Sulphurous Anhydride.

M. SESTINI has published the following results as regards liquid "anhydrous sulphurous acid:"—Three decigrammes of white phosphorus were placed in contact with three centimetres of the acid; the phosphorus diminishes in volume, and the liquid becomes slightly yellow. The tube sealed was taken into the dark, but neither the liquid nor the phosphorus undissolved exhibited any luminosity. After some days on opening the tube the liquid was found to be phosphorescent, and on evaporation it gave a residue of yellowish white phosphorus. Iodine slowly dissolved, and produced a yellowish brown solution. Bromine also dissolves. Sulphur was almost insoluble. On adding nitric acid, a white crystalline mass is got, which resembles that found in the sulphuric acid chambers.

Hooping Cough.

IN the treatment of hooping-cough, Dr. James P. McVicker, has derived the most signal advantage from the exhibition of the fluid extract of cimicifuga, in doses suited to the age of the child, and repeated every three hours; and the same gentleman has prescribed the bromide of potassium in the eclampsia of children with the most satisfactory results. *Trans. Pa. Med. Soc.*

Correspondence.

DOMESTIC.

Compound Comminuted Fracture of Elbow Joint.

EDS. MED. AND SURG. REPORTER:

On the night of the 21st of March, 1869, myself and partner (Dr. O. E. Deeds) were summoned in haste to see Mrs. Grogan, who had fallen down a long flight of stairs, producing a compound comminuted fracture of elbow-joint, besides receiving great bodily injury otherwise, especially in the chest.

The condyles were broken off the shaft, seperated, and to more or less extent comminuted. The olecranon was also fractured and external communications by two apertures. The patient is over 60; of a feeble, scorbutic constitution; anemic and emaciated; has excoriations of lower extremities—the result of extensive varix. We dressed the arm (without much hope, if any, of saving it) with an anterior and posterior paste-board splint, leaving an aperture in the latter opposite the laceration of the soft parts, which was covered with two or three folds of soft muslin (nothing else being at hand) saturated with blood.

We put her on constitutional treatment and all went well, notwithstanding we had to bolster her up in bed, she not being able to take the decumbent position, in consequence of internal injuries, and in the fifth week we removed the splinters and discharged the patient, feeling we had accomplished a surgical success in saving the arm at all. Three or four days

afterwards, however, her husband informed us that she was suffering some pain in the joint, we directed him to have her keep her arm quiet and all would probably, be well by and by. In a day or two afterwards we were called to see her, found the arm much swollen and inflamed about the joint and anterior part of forearm, the patient more reduced than we anticipated—we were satisfied suppuration must follow and so applied our dressing accordingly, and in a manner, if possible, to have it point on the anterior surface, as far away from the former wound (of the soft parts) as possible, but before we saw it again it opened at the old wound and discharged (agreeable to the statement of the family), a gill or more of pus; and when we returned we found the swelling and inflammation much reduced of course, but our patient in none the less danger of sinking. We had the ultimatum—life or death. Saving the arm seemed hopeless, and life but little better. We had to decide between amputation and combatting the suppuration. Feeling that the former was useless, in consequence of the condition of the patient, and the latter would make no fresh wounds, we decided not to cut. In order to prevent the debilitating influence resulting from confiement to bed, we had a fixture attached to the arm of a rocking-chair, of such a height as would make it an easy resting place for the patient's arm when sitting. On this we placed a moderately wide, shallow box, containing a bran sack troughed lengthwise, in which we rested the arm in a pronated condition; that being the position necessary to the least motion without bandage or splints—both being out of the question. We put her on strongly supporting treatment; dressed the arm at first with linseed poultice, afterwards with simple dressing, and thus continued until the wound healed, when we discharged our patient with a stiff, yet symmetrical joint, hand protruded, and some contraction of flexor muscles of forearm, probably more or less permanent from plastic effusion, resulting from the high grade of inflammation prevailing among them interior to suppuration. Under the circumstances above named, is our case a succes?

J. F. Grines, M. D.

Napello, Iowa, Oct., 1869.

[We think it was.—Eds.]

Arm Presentations.

Eds. Med. and Surg. Reporter:

In a number of your Reporter, a few months since, I noticed a report of a case of arm presentation, followed by an expulsion of the fœtus without version. Since such results are very rarely met with, I give you a report of a case of a similar nature. About a year since I was called on to attend a woman in her second confinement—a German, 25 years of age, of medium size and of robust constitution—had been in labor twenty-four hours, in care of a midwife.

On examination I found the entire left arm protruding, the head resting in the right iliac cavity. The fœtus had evidently been dead several hours. With the assistance of an anæsthetic I attempted cephalic version, but on the suspension of mechanical interference, the arm was re-presented. I found podalic version would require more force than I was willing to use. I then took an accurate measurement of the pelvis, and from its diameters determined to continue the use of the anæsthetic and await the expulsion of the fœtus *per viam naturalem*, which was accomplished in about two hours in the following rotation: First the side, then the buttocks and lower extremities, and last the head. The fœtus weighed nine and one-half pounds. With judicious treatment the mother recovered without an unfavorable symptom as a sequel.

J. F. Hilliard, M. D.

Evansville, Ind.

News and Miscellany.

Necessity for Compulsory Registration of Birth

A remarkable case has occurred in the neighbourhood of Liverpool, showing the importance of making the registration of infants, whether stillborn or otherwise, compulsory. A woman was delivered by her mother of a child, which was taken to the sexton of a neighbouring parish and buried in a mustard-box for its coffin as a stillborn child. The sexton, acting upon the authority of a certificate purporting to be that of a midwife who had attended the woman, buried the corpse without consulting the clergymam belonging to the church. Some suspicion having been excited in the neighbourhood on account of the secresy of the burial, inquiries were instituted by the police, the result being the exhumation of the body and the holding of a coroner's inquest upon it. It was elicited at the inquiry that the child had heen born alive and had died from suffocation, that no midwife had attended, the certificate being forged, and that the mother of the parturient woman was a skilled nurse, and not ignorant of the measures that were necessary to be taken to preserve the child on its entrance into the world. The jury brought in a verdict that "the child died from suffocation, but how or by what means there was no evidence to show." After the inquest, Mary Harrison and her mother were taken into custody on suspicion of causing the death of the child and for obtaining its burial by means of a false certificate.

Congress of German Naturalists and Physicians, 1869.

Professors Rembold and von Barth, of Innsbruck, the managers of the forty-third congress, have issued the programme. It is to be held during the 18–24th

lys of September. Only those who have written a natural history or Medical subjects can be members with votes; but all who are theoretically or practically engaged in any of the branches can be associates. All subscribers three thalers. The whole natural and Medical science is embraced, seven sections having been formed. To some of these dies are admitted, and musical entertainments take ace on some of the evenings. Applications should addressed post free to professor Rembold, Innsuck.

Skin Diseases.

The following formula as an application in skin seases, attended with little discharge, will be found tisfactory.

R.	Ferri pulv.,	℥j.
	Cinchonæ rubræ pulv.,	℥ss.
	Boracis pulv.,	℥ij
	Ol. Morrhuæ,	q. s. for unguent. M.

A combination which forms a coating as impervious to air as collodion, and which the writer has employed with happy results in several cases of eczema, is prepared by adding ℥ij. quiniæ sulph. to ss. aa. Tinct. Ferri. Chl. and Tinct. Cinchonæ— e parts to be painted with two or three coats.

J. E. G.

Lime-Water in the Treatment of Bright's Disease.

Kuchenmeister recommends in the treatment Bright's disease and of nephrites after scarlitina e use of large doses of lime-water, theoretically m its having the property of desolving proteine. *ion Medicale* details the treatment, and says that astic lime in solution, or any of the soluble salts lime, will answer equally well. He has seen the ine increase from 30 grammes to 120 the first day, 0 the second, 300 the third, and up to 1,020 the enth day under this influence; sometimes a ght hemmorrhage necessitates the disuse of this atment; but the quantity of albumen in the urine sibly diminishes.

Extirpation of the Uterus for Complete Prolapse.

Prof. Langenbeck, of Hanover, has recently rformed the operation upon a woman forty-eight ars of age, who has suffered from prolapse since birth of her first child, eighteen years previous. e had borne nine children since then. The result s a good one. The patient removed the ligatures self from the eighth to the tenth days. The opeion was performed on the 15th of May; on the h she left her bed; and on the 31st she took her t walk in the open air.

Guyot's Concentrated Tar Solution.

Dr. Jeannel (*Journal de Pharmacie*), from an alysis of "Guyot's Concentrated Tar Solution," has deduced the following formula for its reproduction: bicarbonate of soda, 22 parts; tar (from wood), 25 parts; water, 1,000 parts. Macerate together for eight days, shaking the mixture several times each day.

This preparation, diluted with sixty or eighty times its volume of water, forms a clear tar-water for internal administration; in a less diluted condition it is also employed as a lotion.

Dynamite.

This new explosive compound of nitro-glycerine is said, on authority of the *Journal de Pharmacie et de Chimie*, to consist of a mixture of twenty parts of porous earth, with seventy-five of nitro-glycerine. This mixture is stated to have an explosive force equal to that of the same bulk of nitro-glycerine, and not to be subject to the extraordinary dangers appertaining to the latter substance.

The Parisian Medico-Legal Society.

In recently concluding its session, this Society appointed certain of its members to investigate, during the vacation, the following questions: Poisoning by croton-oil; the application of photography, drawing, and various processes of mensuration, to legal medicine; the resistance of newly born children to asphyxia; and tatooing. Messrs. Devergie, Mayet, Mialhe, Raynal, and Roucher, were appointed to investigate experimentally all questions relating to poisoning by phosphorus.

Congress of Hungarian Naturalists and Physicians.

A Hungarian Medico-scientific Congress was held on September 5th, at Fiume, under the presidency of Baron Vecsey, who opened the proceedings with an address. Among the readers of papers were, Dr. Domini, on various climatic, meteorological, and sanitary questions, with special reference to ships; Dr. A. Bodogh, on the Darwinian hypothesis; Dr. T. Balogh, on the influence of nature on people; etc.

Accidental Poisoning by Corrosive Sublimate.

A mother and three children have been poisoned in London. They had partaken of a pudding which the mother had made, as she thought, of flour; but she had taken a packet from a shelf containing a white powder. They were all very soon seized with burning pains. A dog which drank of the water in which the pudding was boiled, writhed on the floor and soon died. The children, aged eleven and eight, are in a very dangerous condition. The powder was found to contain corrosive sublimate. It had been obtained by the husband, who is a dog fancier, and who used it for skin-diseases in dogs.

——Dr. Theodore R. Varick has been appointed Surgeon-General of New Jersey, ranking as Brigadier-General.

——Frau Henrietta Hirschfeldt has, by permission of the Russian Government, commenced practice as a dentist (for women and children) in Berlin. Frau Hirschfeldt studied dentistry at the Dental College of this city, and passed, it is said, a brilliant examination.

——Professor Salvatore Tommasi has been elected Rector of the University of Naples.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

Chandler—Critchlow. Sept. 15th, by Rev. B. C. Critchlow, assisted by Rev. Jas. M. Shields, Dr. Harrison J. Chandler, of Rochester, Pa., and Miss Mary Ada, daughter of the officiating clergyman.

Kellogg—Bowen. At Christ Church, Cambridge, Mass., Oct. 11th, by the Rt. Rev. F. D. Huntington, D. D., assisted by the Rev. Dr. Hoppin, E. M. Kellogg, M. D., of New York and Fannie A., daughter of the late Charles Bowen.

Kratz—Cash. In this city, on the 12th inst., by the Rev. Phillips Brooks, Doctor Otto Kratz, of New Orleans, and Rebecca M. Robertson, daughter of A. D. Cash.

Lines—Klapp. October 12th, at St. Andrew's Church, by the Rev. Wilbur F. Paddock, D. D., Theodore T. Lines and Addie M., daughter of Dr. Joseph Klapp, all of this city.

Laws—Cruikshank. At the residence of the bride's father, Dr. E. D. Cruikshank, October 7th, 1869, by Rev. Wm. A. Snively, Mr. Clement E. Laws, of Richmond, Ind., and Miss Florence Cruikshank, of Green township, Ohio.

Lewis—LeMoyne. In this city, on the 5th inst., at Trinity Church, by the Rev. John Scarborough, Miss Lutie O. Lewis, daughter of the late A. Kirk Lewis, and Frank LeMoyne, M. D.

Mattison—Grimsteed. In Brooklyn, Oct. 6, by the Rev. Samuel Hanson Cox, D. D., Janson B. Mattison, M. D., of Chester, N. J., and Mary Butler, youngest daughter of the late Henry Grimsteed, of Brooklyn, N. Y.

Rockwell—Piper. In Sturgis, Mich., Sept. 10, 1869, by the Rev. Isaac Ayres, Geo. F. Rockwell, M. D., of Ontario, Ind., and Miss Ellen E. Piper, of Okemos, Mich.

Tremarn—Evans. On September 26th, by the Rev. N. A. Rankin, Dr. D. C. Tremain, of Spring Hill, and Miss Elizabeth Evans, of Miami county, Kansas.

DIED.

Newell. In Rochester, N. H., Sept. 29th, of Consumption, Mrs. Jennie S., wife of Dr. A. C. Newell, of Farmington, aged 19 years.

QUERIES AND REPLIES.

The "Hair Worm."

Dr. T. B. C., West Va.—The specimen you send is a nematoid entozoon, though frequently found in the latter part of the summer and fall in streams and pools of water where it deposits its eggs. In the language of Science it is the *Helminthus Gordii, Seta Equina*, belonging to the genus Gordius. It is vulgarly supposed to be a transformed horse-hair. The name *Seta Equina* comes of this popular error. Dunglison says it is common in the intestines of Laplanders, causing the *Colica Lapponica*, in which the gripings are at times exceedingly severe. But Leidy in his "*Flora and Fauna within Living Animals*," published by the Smithsonian Institution, does not include it in his list of *Entozoa Hominis*, though he gives a very graphic description of its habits, including its entozoic life in the body of the grasshopper.

At the time of Dr. Leidy's observations—Nov. 1852—no one had been able to trace the animal to its origin! Dr. Leidy says:

The female deposits in the water, in which it is found, millions of eggs connected together in long cords. In the course of three weeks, the embryos escape from the eggs, of a totally different form and construction from the parents. Their body is only the 1-450th of an inch long, and consists of two portions; the posterior cylindrical, slightly dilated and rounded at the free extremity, where it is furnished with two short spines; and the anterior broader, cylindrical, and annulated, having the mouth furnished with two circlets of protractile tentaculæ and a club-shaped proboscis. No one has yet been able to determine what becomes of the embryo in its normal cyclical course. Those which I have observed, always died a few days after escaping from the egg.

When bodies of grasshoppers, containing these entozoa, are broken and lain upon moist earth, the worms gradually creep out and pass below its surface. Some specimens which crawled out of the bodies of grasshoppers, and penetrated into earth contained in a bowl, last August, have undergone no change, and are alive at the present time (November, 1852.)

In the natural condition, when the grasshoppers die, the worms creep from the body and enter the earth; for, suspecting the fact, I spent an hour looking over a meadow for dead grasshoppers, and, having discovered five, beneath two of them, several inches below the surface, I found the *Gordii* which had escaped from the corpses.

Some of the worms put in water lived for about four weeks, and then died from the growth of *Achlya prolifera*. What is their cyclical development?

The facts presented in this note serve well to show the difficulties in ascertaining the developmental history of entozoa.

Hair Dyes.

Dr. R. S. D., of Pa.—You ask if there is any *safe* hair dye. There is. The aqueous extract of the black walnut is safe and effective. It must be applied carefully, as it stains the skin. The ordinary dye of the barber's is a solution of nitrate of silver, used with a mordant, as no doubt you know. This we believe to be harmless and effective, as it is recommended by Reigel and other authorities, and we have known a very great number of persons who applied it without untoward effects. For a hair tonic, after bringing the scalp into a perfectly healthy condition, use a strong decoction of cinchona, with the addition of glycerine, fresh tincture of cantharides, and spirits of rosemary.

Question in Obstetrics.

Dr. I. D. H., of N. Y.—Inquires whether air is ever introduced into the venous system through the uterines in uses to the destruction of life. Will some of our readers, posted in obstetrics, please reply?

Dr. J. A. J. C., of Cal.—We have read your description of the case, but are unable from it to form any nearer guess of its nature than cerebro-spinal meningitis. We are, however, far from positive in this view.

METEOROLOGY.

OCT.	4,	5,	6,	7,	8,	9,	10.
Wind.....	W.	W.	N. W.	N. W.	N.	S. E.	E.
Weather.	Cl'dy	Clear	Clear	Clear frost	Clear	Clear	Cl'dy Rain
Depth Rain	2-10						1 1-10
Thermom....							
Minimum..	60°	51°	48°	41°	43°	44°	51°
At 8, A. M.	65	57	52	53	54	54	62
At 12, M....	68	62	59	63	66	68	64
At 3, P. M.	67	62	60	62	67	71	63
Mean.....	65.	58.	54.75	54.50	57.50	59.25	60.
Barometer..							
At 12, M...	29.6	29.9	30.1	30.1	30.1	30.1	30.

Germantown, Pa. B. J. Leedom.

NOV. 6, 1869.

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Original Department.

Lectures.

A LECTURE INTRODUCTORY TO HIS COURSE FOR 1869–70.

By Alfred Stille, M. D.,

Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

Gentlemen: To prepare successfully for active life, we should have clear ideas of the objects that are set before us, and of the best means of attaining them.

Life is apt to be likened to a journey, and also to a voyage, and its likeness to either is most evident in the adventures, pleasurable or perilous, that may attend it, and in the rest that remains at its termination. But the traveller does not set out upon his journey without a definite plan; he determines before hand what objects he will visit, how much time devote to each one of them, and what place he will ultimately reach. The mariner does not commit his vessel to the water without rudder and compass and chart, for he does not intend to be blown hither and thither by perpetually shifting winds, nor swept from his course by unseen currents; he is resolved what port to reach, and is vigilant to steer in the right direction, as well as to profit by every favoring breeze. On such a just apprehension of the future, on such a preparation for its eventualities, and upon a close adherence to a predetermined plan, will the fortunate issue of life in a great degree depend.

Now, as the ship about to leave port must be in charge of an experienced pilot, or be towed by an appropriate vessel beyond the shoals and rocks, the headlands and breakers which lie between the safe harbor and the open sea, so must you be guided over and past similar dangers by skillful hands before you can enter safely and with hopefulness upon the voyage of life. Afterwards, and still influenced by the training you have received, you must depend upon your own skill and courage to escape safely from the dangers and trials it is impossible for you to avoid.

It is certain that a large proportion of the failures in life are owing to a neglect of the precautions which have been alluded to. Men of excellent natural abilities, and whose education up to the time of their entering upon the study of medicine has been wisely and zealously conducted, are sometimes left to pursue it without a clear conception of its nature and objects, or a just appreciation of the relative importance of its several departments, and especially of their bearing on the successful performance of professional duties.

It may be taken for granted that nine out of ten of those who hear me intend and expect to earn their bread by the treatment of the sick, and that, therefore, their present object is to gain whatever knowledge will direct their natural and acquired skill successfully to that end. Of the comparatively small number who have in view the culture of some one or other purely scientific branch of medicine, or the study of disease as an object of natural history, irrespective of its application to the solace of suffering and the preservation of human life, I have as little to say as to those who cultivate anatomy only for the sake of its usefulness in the arts of painting and sculpture. Medicine is, of all pursuits, the most practical, and ought to be studied with a constant reference to its practical purpose—the cure of disease. If there is any department of medicine which has no reference to this object, it ought at once to be dropped from the plan of study. But I know of none that is useless, of none that is superfluous; while, on the other hand, there are several which not only are useful, but in a well directed system of teaching are necessary, and are so regarded in all the medical schools of the world except—and I am sorry that it is so—the schools of the United States.

Of these neglected branches one is General Pathology; another is Morbid Anatomy; a third is Hygiene; and others might be mentioned, which, like these, are more or less fundamental in reference to the proper appreciation of the more familiar departments, and especially to the recognition of diseases and their intelligent and successful treatment. But if there is one branch of medical study which excels

all others in importance, inasmuch as it is the one to which all others conduct, it is Clinical Medicine. It forms the apex of the pyramid, the crown of the arch, of medical knowledge. It is the goal in regard to which all the other branches are but finger-posts which point to it or roads which lead to it. It is the one subject understanding which you will understand all of medicine that you will require for performing the part of skilful physicians; and not understanding which you can scarcely be said to know anything of medicine. Were you as skilful an anatomist as Meckel, as profound a physiologist as Haller, as acute a pathologist as Morgagni,—were you as familiar with chemistry as Berzelius, or with materia medica as Pereira, and yet lacked this one thing, you would fail in your mission, and be justly rated the inferiors of physicians who, with little learning and less science, had been taught by experience how to treat diseases successfully.

All science and all learning are but means to an end. However much you may know by your own unaided study of science, or may learn of what others teach, unless you can apply that knowledge, it must be as useless to you, as wings would be to fishes, or fins to birds, as a locomotive in the ocean, or a ship on dry land. A physician can no more be made by merely scientific knowledge, than a mechanic by merely possessing the tools of his trade, or a scholar by knowing the letters of the alphabet.

When we speak of MEDICINE, a word is used which involves two distinct ideas, the one scientific, the other practical. Medicine is at once a science and an art, but in the order of nature, the art comes first. The rudest savages, I might almost say the lower animal tribes, possess a medical art. The dog or the cat that eats grass to assist it in disgorging the contents of an overloaded stomach, performs a medical act as perfectly as the learned doctor who relieves his patient of a surfeit by means of an officinal emetic. The medicine-man of the Indians possesses a materia medica as real in its operation upon the sick—if not always as potent or as safe—as the pharmacopœia of the most enlightened nations, and entertains as positive convictions—however erroneous—respecting the nature of diseases. Long, very long, after the first observation of diseases and of the effects of remedies, these facts crystallized into truly scientific systems, or were forced into a more or less logical arrangement to suit the physical or the metaphysical doctrines of the day. Thus the theory, or the science, according as it was fantastical or real, of medicine originated, and thus it is perpetuated; every succeeding generation witnessing a change in its aspects, as various, and often as regular, as the phases of the moon. Meanwhile, the *art* of medicine has been steadily developed from the beginning of time, and, in its essential nature, that is so far as it is an accurate transcript of experiment and observation, has grown, and will continue to grow as long as man is mortal and the records of civilization survive.

There is but one test of the truth of a science, or of the merit of an art, and that is experience. If the principles which claim to be the laws of a science are subject to frequent exceptions, they are not really laws, or are only provisional ones, and are not of absolute authority; and if the precepts of an art, when appropriately applied, do not produce their proper effects, they are doubtful precepts and not obligatory.

It cannot too often be repeated that the aim of medicine is to *distinguish* diseases from one another and to *cure* them. Whatever there is in the several branches embraced in a medical education which does not contribute to these ends, may be science, may be natural history, may be philosophy, but it is not medicine. It may enlarge the mind, may purify the heart, may ennoble the whole character, and is, therefore, to be coveted, and zealously cultivated, if possible; but cultivated for these ends alone, and not for medical purposes, for perfecting the man and not for accomplishing the physician. In studying, therefore, the several sciences embraced in medicine— Anatomy, Physiology, Chemistry, Botany, Hygiene, Materia Medica, and Pathology, we should do so with a constant reference to the object for which we, as physicians, study them at all, the recognition and the cure of diseases.

Reflect, once more, upon what these several sciences teach. What is anatomy, and why has it been cultivated for thousands of years, in animals first and afterwards in man, by the unassisted sight alone and more recently by the microscope which has created, as it were, a new heaven and a new earth within the old anatomical system? To you, as physicians, it is valuable only in so far as it enables you to know what is the situation and the relations of organs, the mechanism of their functions, and their normal structure, so that from the seat of a patient's suffering you may be able to infer which of his organs is diseased and to what extent it is so. Morbid anatomy, or the anatomy of diseased organs, teaches you the physical nature of those alterations of structure which occasion the phenomena of disease. With its application to these ends the interest of anatomy ceases for us as physicians. In like manner physiology, when it has taught us how the natural functions of the body are performed, and thus furnished us with a standard by means of which we can recognize and measure the departures from health which occur in disease,—when, with the help of chemistry, it has exhibited to us all the various conditions which are implied in the idea of normal life, and the mode of their production,—when, to our knowledge of the seats of diseases, it has added an explanation of the steps by which they arise, and of the mechanism of their various symptoms,—it has told us all that, as physi-

cians, we need to learn from it, though far from all that it has to reveal to us if we are also naturalists and philosophers.

Anatomy, then, and chemistry, which, in its relation to the body, is only a minuter sort of anatomy, with physiology, form the essential, fundamental basis of scientific medicine. Without them practical medicine, including surgery, obstetrics and therapeutics would cease to be scientific at all, and would remain what they originally were, an accumulation of the crude results of observation and experience, without any rational classification, precise significance or definite value. The ancients heaped observations upon observations of disease, but being unable to investigate it thoroughly, or interpret its phenomena correctly, they could not classify their facts, and evolve from them general principles and or laws, nor even estimate correctly the nature or the gravity of particular diseases. Unable, for example, to distinguish between the several acute and the several chronic diseases of the lungs and heart, it was necessarily out of their power to assign to each one its proper value, or to determine with any approach to accuracy its appropriate treatment.

The advancement of modern medicine depends essentially upon its possessing means superior to those of the ancients for determining the seat and nature of diseases, or, in one word, on its excellence in diagnosis. As the methods of investigation improved, very many diseases which had before been confounded together, were distinguished from one another, and the natural history of each was carefully recorded. Never before have physicians been so favorably situated as they now are for determining the value of treatment in general, and the influence of particular remedies; for, until very recently, not only were the powers of medicines doubtful, but the conditions of disease requiring them were, if possible, more doubtful still. But at the present ay we are enabled, with a much greater degree of accuracy than ever before, to distinguish diseases, and discern their nature and tendencies, so that one element of the problem is comparatively fixed, while the other, or the operation of remedies, is constantly becoming less obscure.

If my argument has been correctly stated you will have seen that medicine consists of two parts: one, the study of the human body alive and dead, normal and abnormal; the other, the study of the phenomena of diseases and of the effects of remedies upon them. The former must be prosecuted in the dissecting room and in the laboratory, and the other in the hospital. You may, perhaps, feel surprised that occupying this chair I should present to you an anaylsis of medical study in which neither the theory and practice of medicine, surgery, or obstetrics appears to be included. But I have not done so without a purpose. I have the honor to be Professor of clinical medicine as well as of the theory and practice, and it is my desire to assign to each of these divisions of my lectures its appropriate value. In doing so I may not be taxed with any inconsistency if I endeavor to persuade you that clinical medicine is just as truly the *only* medicine now as when it was taught in the porches of the Grecian temples,—that the scientific branches of our course are valuable only in so far as they explain clinical facts; and that the so-called practical branches I have named are, and ought to be expounded, not to supplant or to supersede clinical medicine, but to systematize, to generalize, and to confirm its teachings. Indeed, it may very gravely be doubted whether, in our schemes of education, we do not reverse the natural order of subjects, wrongly endeavoring to impress the student with general ideas before supplying him with particular ones. We discourse to him concerning fevers and inflammations, about abscesses and tumors, about the mechanism of labor and the diseases of parturition, before he has ever seen a patient presenting any one of these conditions, and before his senses or his judgement have been trained to appreciate the simplest phenomena of disease at the bed-side. Is it any wonder that, beginning as we do at the wrong end of his lesson, he should so often misapprehend it and grow weary of conning it; or that when he enters upon practice he should be surprised that, perhaps in the first case he encounters, not a fraction of the symptoms are presented which he expected to see, as he had learned them by heart from his text-books. But if, in the study of medicine he had pursued the method of learning any other natural science or any art, he would have ascended from particulars to generals, and from what he saw at the bed-side under the guidance of accomplished teachers, he would have gradually and correctly built up his own idea of diseases, and so firmly that no subsequent experience would have overturned it.

(*To be continued.*)

Influence of Forests on Climate.

In a paper lately read before the Geographical Society, is to be found some interesting information on this subject. Trees prevent evaporation of the water, and allow it to collect and remain as a source of permanent springs. When the trees are removed, the water runs off the land more quickly (not being retained and allowed to drop down gradually by the leaves), and is rapidly got rid of by the main streams. It also washes away the soil, and thus tends to exhaust fertility; but the most obvious effects are sudden and destructive floods, and injurious droughts in lands where there have formerly been good and equable supplies.

——The cholera appears, from the latest accounts which have reached us, to be still prevalent in Persia. At Teheran, where it has been for some time, it is now abating; but other places in different parts of the country, which were free, are now suffering from the disease.

Communications.

CAUSES AND PREVENTION OF SUDDEN DEATH.

By A. P. Merrill, M. D.,
Of Louisville, Ky.

The frequency of sudden death invites increased attention to the subject, especially from physicians and life insurers. Men and women in the enjoyment of apparent health, who are pronounced free from disease by medical examiners, and obtain life insurances upon favorable terms, not unfrequently die suddenly, and when no such catastrophe is expected. Nearly always the immediate cause of death is supposed to be congestion, or stasis of blood in some vital organ, arising from some unknown cause. The friends and assurers of the victim are content with the report usually made, by physicians and coroners, without inquiry as to the character of the disease, or the existence of a possible remedy. Apoplexy, sunstroke, congestion, are the terms employed to designate the hopelessness of the case; and, perhaps, to serve as an apology for want of success in the treatment. Should life be destroyed by hemorrhage, or by serious effusions, it affords further reason for placing the sudden demise to the credit of inevitable results. Generally, however, it is quite sufficient to pronounce the word congestion; which both the professional and non-professional know, lies at the foundation of a large portion of human mortality. How important to have a remedy for such morbid condition!

Until recently, blood letting, emesis, baths, and sinapisms, were chiefly relied on for relief; and under skillful management, the treatment has often proved successful. But blood-letting, the most efficient of these remedies, has, of late years, gone out of use. The phases of charlatanry condemning it have proved too strong for the profession. After being approved and successfully used by physicians for many centuries, it is now scarcely mentioned as a remedy, either in our schools, or standard works on the practice of medicine; and the majority of physicians never employ the lancet. The profession yields to popular clamor, science to sciolism, and "expectant medicine" is the result. No school of medicine now ventures to advocate the revival of the ancient practice; and happily, it is now unnecessary, for this, and all the other remedies heretofore used in congestion, have been superseded by chloroform, internally administered.

It is in fever that we meet with the best illustrations of congestion. This, the most ancient, common and destructive disease known, has hitherto been so imperfectly understood, that physicians in every age have published only vague and contradictory hypotheses regarding it. They have not been able to determine whether fever be a disease of the solids, or of the fluids, of the brain, nerves, digestive organs, or the blood and lymph; while, in spite of all researches, the cause of fever still remains undiscovered. The hypotheses published are scarcely less multifarious than the authorship; all giving rise to no useful results in regard to treatment. With the exception of cinchona and its salts, which have become available as anti-periodics, including, also, arsenic, and some others of this class, used as substitutes for cinchona, no remedy for fever has been suggested by standard authors worthy of notice. Were it not that these may be used to prevent a recurrence of the paroxysm, the treatment of fever would not be more successful now than in the time of Hippocrates. Indeed, it may with reason be contended, that the graver forms of yellow and bilious fever are treated, at this day, with less success than a century ago. I can speak with confidence in respect to one-half that period of time.

The phenomena characterizing the advent of fever are chill and reaction. These, with the sweating which sometimes follows, constitute the paroxysm. The object of all treatment in the chill is, to excite reaction, and men have never supposed any other issue practicable. The remedies applied have been those employed for the relief of congestion, the uniform concomitant, and the probable cause of chill. Although congestion in certain organs may exist without chill, when produced by other causes than the cause of fever: chill never exists without congestion, and reaction in all cases is necessary to restoration. In one case, this reaction is morbid, and called febrile; in the other, it is normal and healthful. This is the doctrine and practice of all time.

Sudden and fatal congestion may arise from disorder of the digestive functions, and especially from gastric engorgement and overstimulation, and by other means of nervous prostration, without presenting the distinctive

phenomena of fever. These are cases of congestion without the agency of the febrile cause, and are not likely to become epidemic. But mankind have always suffered more or less from the prevalence of epidemics of a fatal character, changing their form at long intervals of time, in which death is mostly caused by congestion, and recovery attended by febrile reaction. In our own age and generation, yellow fever and cholera are the prominent diseases of this kind, producing great mortality; but not greater, certainly, than was caused by some epidemics of a different kind, which prevailed extensively in the middle ages

The plague continued longer than any other, and even now is not extinct, decimating the populations of large and populous districts of country at each epidemic visitation, and presenting numberless cases of sudden death from congestion and chill. Then there was the disease called the Black Death, by which Europe, then much less populous than now, lost twenty-five millions of inhabitants in the fourteenth century alone. The Dancing Mania prevailed during the same period, or for two centuries from about 1374. Popular superstitions governed the treatment of these diseases until Paracelsus attempted to apply the principles of medical science, as in other forms of febrile disease, early in the sixteenth century. His treatment consisted in an attempt to relieve congestion by producing reaction. The Sweating Sickness began its ravages in 1485, and continued nearly a century. In the city of London alone, thirty thousand died of this disease in the single epidemic of 1499. Tarantism, a similar disease to the Dancing Mania, and supposed, at first, to proceed from the bite of a spider, was epidemic mostly in Italy, in the seventeenth century.

The meager accounts we have of those diseases, have little room to doubt their febrile character, and, indeed, their leading symptoms appear in our modern epidemics known to be of a febrile character, with congestion as their most prominent and fatal characteristic. The dancing mania has prevailed epidemically, but not in a very fatal grade, in Kentucky and Tennessee in the present century; and I have witnessed many of the symptoms of this disease in the yellow fever of the most fatal grade. The cholera, as it prevails everywhere, affords illustrations of the sweating sickness, and proves to us that congestion is at the foundation of sanguineous and serous hemorrhages, whether of the bowels, skin or kidneys. It remains to be discovered why it is, that these hemorrhagic effects of congestion are sometimes red, and sometimes white blood, but the congestive cause is already proved beyond dispute. The pathology and treatment are the same in both cases.

Further illustrations of congestive disease of a febrile character, may be found in the study of the diseases of brutes. The vast epidemic among cattle which has so often ravaged Asia and Europe, called cattle plague, is, according to the voluminous report made upon the subject by the British commission, a febrile disease distinctly developing the febrile paroxysm, consisting of chill and morbid or febrile reaction. The prominent local lesion of the disease is of the mucous membranes as in cholera, which disease it so closely resembles, that in those parts of Asia where it originated, it is denominated "cattle cholera." No one doubts that congestion is the prominent pathologic difficulty. This disease has existed a thousand years, causing a mortality among cattle in eastern and southern Europe alone of two hundred million. It has now extended to western Europe, the Atlantic ocean being the only impediment to its ravages in America. Unless exhausted by the lapse of time, its continuance already being the longest of any epidemic disease of which we have any account, it will extend to this country, and thus encompass the globe, as cholera has done so much more rapidly. Probably it may in time become as destructive of the bovine race upon the prairies of Texas, and upon the pampas of Brazil, as it has been upon the steppes of Russia. The comprehensive report of the British commission, which by the courtesy of the Department of State, I have the opportunity to examine, declares it does not appear that a single case of the disease has ever been cured by treatment; and it is a significant fact, not complimentary to the medical profession, that the Prussian government imposes a heavy penalty upon every attempt to treat the disease. I have not been able under the most powerful official influence, to obtain the privilege of a single remedial experiment in that country where the disease is now prevailing.

The bovine epidemics of this country, although differing from the cattle plague, afford convincing evidence, also, of their febrile character; and the fatal maladies prevailing among cattle in the south, bear the same rela-

tion to the human fevers of that region, that the cattle plague does to cholera in Asia and Europe. Chill and reactionary fever constitute the paroxysm, and congestion is the prominent feature, as in cattle plague; but the local lesions are of the parenchymatous structures, as in periodic fever, and not in the mucous tissues. Sometimes the lungs and serous membranes are involved, as in pneumonia and pleurisy, and then the disease is apt to be called pleuro-pneumonia.

For seventeen years it has been my practice to treat congestion, whether accompanied by chill or not, by the internal exhibition of chloroform in hypnotic doses, and in no case has it failed to afford such relief as can be obtained from no other remedy. I have given it in intermittent and remittent fever; in the convulsions of children, proceeding from chill and other causes; in colic, and colic and congestion of the stomach; in cholera, cholera morbus, diarrhœa and dysentery; in epilepsy, apoplexy, delirium tremens and congestion of the brain; in pneumonia, congestion of the lungs, hemorrhage, diabetes, albuminuria, sunstroke, concussion, uræmia, eclampsia, and other forms of disease caused or accompanied by congestion. In a good many cases I have given chloroform to children in convulson, and to adults prostrated by sunstroke, concussion and hemorrhage, after all hope of recovery had been abandoned, and when I would not have ventured to pour into the mouth an equal quantity of water; and in not one of those experiments have I been unsuccessful. A man of eighty-four years has in this way been rescued from sudden death in congestion of the brain; and a child of eight days relieved of an equal danger in lockjaw. By carrying the remedy always in my pocket, I have rescued many extreme cases from sudden death, and relieved many attacks of fever and cholera in their very inception. A single teaspoonful has relieved epilepsy, delirium tremens, sunstroke, apoplexy, concussion and hemorrhage, when sudden death was impending. My doses have been from a single drop to two teaspoonfuls, and in no case has injury resulted from such use of the remedy.

This discovery of the power of chloroform over congestion and chill, places a successful practice within reach of the sufferer, and his non-professional friends and attendants, who may, by the administration of a single dose, arrest a fever in its inceptive stage, and relieve all those forms of nervous disorder which, by causing a stasis of blood, or congestion in certain vital organs, so frequently destroy life suddenly. The treatment consists in the administration, by the stomach, of such a dose of chloroform as will produce sleep, and the enjoinment of such quiet and rest as will encourage the continuance of sleep. It must be understood, however, that sleep produced by ingestions of chloroform, differs entirely from the anesthesia caused by inhalations of the remedy. The one so closely resembles the sleep of health, that it cannot be distinguished from it. The other is a condition of nervous insensibility, from which the patient is not aroused by the amputation of his limbs. The sleep caused by the internal use of chloroform is without danger of injurious results; but, whenever the paralysis of anesthesia from inhalation extends to certain vital organs, death inevitably ensues. This untoward result is caused by congestion, constituting one of the forms of sudden death for which chloroform, by the stomach is a remedy.

All these matters have been presented to the profession and the public very often; but my efforts to bestow upon mankind the boon of a great discovery, have met with a small success, scarcely more than rewarded the efforts of Dr. Jenner, the discoverer of vaccination. A whole century is likely to prove too short a period to arrest the mortality from small-pox, by a simple process, which any one may adopt and use, almost without trouble or expense; and I fear, it may require an equal period of time to educate, even the most highly civilized portions of mankind, up to the point of using a single dose of a simple and harmless remedy to arrest fever, and to relieve the congestions, which are the common cause of sudden death. It would be difficult to over-estimate the value of such a remedy, in the hands of the profession and the people, when its use and value come to be appreciated.

Every means of lessening mortality by disease, tends to the great object of increasing the average duration of human life. The diseases most influential in reducing this average have been small-pox, and congestion, both febrile and non-febrile. Dr. Jenner, by his discovery, put it in the power of every human being to avoid death by small-pox. All any one has to do, is to vaccinate and revaccinate until the vaccine virus refuses to act upon the system; and the successful treatment of congestion by the internal use of chloroform is

not less simple; but as congestion in its various forms is likely to attack the same subject repeatedly, and from a variety of causes, there may be many occasions for repeating the remedy. Vaccination is preventive, chloroform remedial; and it is applicable to a great variety of ailments affecting the constitution, without limitation; the latter becomes, in the question of extending the average duration of life, the more valuable of the two.

It has been proved, by my experiments, reported almost daily for seventeen years, that chloroform administered internally, in such quantity as to produce sleep, is powerfully remedial of congestion. It is, therefore, the remedy most to be relied on, not only for the prevention of sudden death, but for all that class of diseases called febrile, or simulating fever, which cause the principal mortality among men. As such, I again commend it to the consideration of all persons and corporations interested in the prolongation of human life.

PHYSICIANS AS DISPENSERS OF MEDICINES.

By D. C. Leavenworth, M. D.

Of New Haven, Conn.

It is with much pleasure that I observe the interest that is apparently awakened among the profession in reference to "Physicians dispensing their own Medicines." With your permission I will make a few suggestions in regard to the subject.

While admitting the convenience of our present mode of practice viz:—writing prescriptions to be prepared by the apothecary—the evils and disadvantages connected therewith have been considered and are acknowledged by many candid observers in the profession. I have no doubt that the impression is extending among thoughtful physicians, that if the custom more generally prevailed with them—both in city and country practice—of dispensing their own medicines, it would obviate many of these evils and disadvantages, and also add to the usefulness and influence of the profession.

We are all aware of the great improvements and changes that have been made in the preparation of our remedies—especially during the last few years. A great proportion of the medicines we now prescribe are obtained from the manufacturing chemist, and those who make it a specialty to prepare extracts, alkaloids, etc. They usually have much experience in the various forms of medicines, and have the means and facilities for testing and analyzing crude materials, and these can ascertain their quality and value as therapeutic agents. Their success depends to a great extent on the purity and quality of their preparations, and therefore, it is for their interest to make and sustain a good reputation. Their medicines are most of them prepared in an agreeable, pleasant and concentrated form. They can be readily obtained in all parts of the country, and therefore, the supply that physicians would generally find necessary to keep on hand, would not occupy much room, and one or two pocket cases would usually contain a sufficient variety for ordinary daily prescribing.

In the present mode of prescribing, valuable time is often lost at the beginning, and at the critical stages of disease by the delay in having our prescriptions prepared, even when the apothecary shop is near and accessible. If the physician has remedies with him he can administer them at once, with the certainty that they are taken according to his wishes.

Our present manner of prescribing is often hazardous. Prescriptions are often written in haste; many times are nearly illegible. They are frequently prepared in haste; sometimes incorrectly either through the incompetency or carelessness of the apothecary. He may be an unscrupulous man and the quality of his medicines the last consideration with him, or he may be a novice at the business. It would both alarm and astonish physicians—but more especially those of the community whose lives are in jeopardy—if they knew how many clerks who perhaps have been in the apothecary shop only a few months, are allowed to prepare prescriptions—a prescription, perhaps, upon which a patient's life depends. Is it surprising that we often read of "Druggists' fatal mistakes?" Many physicians will recall to mind cases where apparently the patient was doing well, and all were cheered with the hope of a speedy recovery, when suddenly the disease unaccountably assumed an unfavorable aspect, the patient became worse, and perhaps died. Under these circumstances many a skillful medical attendant has, to a great extent, lost a reputation which he has labored long years to attain.

Again, the present manner of writing prescriptions induces a seeming necessity for

prescribing more medicines,—also more powerful remedies—than the disease in many cases requires. A prominent physician of this city once remarked to me, "we medicate too much—more than we ought to—it will not answer to send *too* simple a prescription to the apothecary shop." We are well assured that many cases of sickness—apparently quite serious and alarming to the friends of the patient—can be safely left to vis medicatrix naturæ, but if called we must do something to satify them. Here is one secret of the apparent success of the Homœopathic system of practice. The trouble and inconvenience of which we frequently hear families complain—that is avoided when they resort to that system of practice—are a consideration of some importance. I should like to say more on this point if my time and the space you could allow me would permit.

I will briefly refer to one more evil which our present mode of writing prescriptions induces, viz: the opportunity it affords the dishonorable practitioner to obtain a percentage on his prescriptions. This collusion between the physcian and apothecary is a pernicious and corrupt practice, and it should receive the censure of every honorable physician—it is an imposition on the people—unjust and oppressive—especially to the poor. The community reasonably look with distrust upon a profession that allows its members—who are known to be guilty of this practice—to remain in fellowship with them, or members of city, county and State societies. It is causing much injury to the profession in this State, and many physicians are determined to make more effort to awaken the attention of the profession to the prevalence of this evil. I have no doubt if the custom generally obtained for physicians to dispense their own remedies, it would accomplish much toward obviating this dishonorable practice.

Hospital Reports.

CATHARINE STEEET DISPENSARY, PHILADELPHIA.

Gynæcological Clinic of Dr. F. H. Getchell.

REPORTED BY J. F. BURD.

Cancer of the Uterus.

Catharine S——, aged sixty, married, has had nine children, complains of constant leucorrhœal discharge occasionally tinged with blood. The discharge is not offensive, she has no pain, nor has she been troubled at any time with lancinating pains in the pelvic region. She has a constant feeling of weakness, the bowels are regular, appetite very poor.

An examination revealed cancer of the uterus in an advanced state, the entire cervix had been eaten away, and secondary cellulitis had fixed the uterus firmly between the bladder and rectum. Ordered,

Quiniæ sulphatis,	gr. xxxij.
Tr. ferri chloridi,	f.℥ss.
Aquæ,	f.℥iijss. M.

Sig. Teaspoonfulls three times a day before meals.

To have a full diet of eggs, milk, beef, mutton, oysters and vegetables, and to inject the vagina twice a day with a weak solution of carbolic acid.

Commentary.—The diagnosis of cancer of the uterus in the advanced stage, is comparatively easy. Once having felt the hard border, the crumbling center with decided destruction of tissue and the liability to hemorrhage from the touch of the finger, there is little difficulty in recognizing the disease when met with again. Too much reliance must not be placed on a fetid discharge or the lancinating pains spoken of in most of the descriptions of this disease, as we frequently see patients that have neither of these symptoms, and on examination find a large part of the cervix destroyed by cancerous ulceration. This is of the encephaloid variety, which is the one most frequently met with in the uterus.

Cancer is always a local manifestation of a constitutional taint, and never comes from ulceration of the os, to which it bears no resemblance.

She states that she never knew that any of her ancestors had cancer. Next to an hereditary cause we have an overworked and an underfed uterus—frequent parturition and an impoverished blood from scanty and unwholesome food, and the vitiated atmosphere of small and badly ventilated houses.

It is not often that we meet with a case attended with so much destruction of tissue and so little hemorrhage as we have here; hemorrhage is often a troublesome symptom but can generally be controlled by placing the patient at rest on her back and applying a sponge saturated with persulphate of iron to the uterus. The fetor is best corrected by injections of carbolic acid, half drachm to the pint of water—for the pain you must give opium, and as it loses its effect from continued use, the amount should be increased. It may be given in combination with other anodynes—a pill made of

Morphiæ sulph.,	gr. ⅙.
Ext. hyoscyami,	gr. ij.
Pulv. camphoræ,	gr. . M.

may be given, and repeated pro re nata. Great attention should be given to the general health, and by a judicious management of the digestive functions patients may be made to gain in flesh and strength, and their lives not only prolonged but they are much more comfortable while they do live.

Protracted Nursing.

Mary M——, aged 34 years, is married; has had six children; the youngest is 23 months old.

She complains of a constant feeling of weakness, pain in the left side, headache, loss of appetite and extreme nervousness. The bowels are constipated, menstruates regularly. Ordered

℞. Acidi nitro-muriatici diluti, f.ʒvss.
Tr. ignatiæ amaræ, f.ʒijss.
Syr. gaultheriæ, f.ʒj.
Aquæ, f.ʒij. M.

Sig.—Teaspoonful three times a day, in water.

Also as a tonic laxative

℞. Ferri sulphatis, gr. xxiv.
Potassæ bitartrat. ʒj.
Magnesiæ sulphatis, ℥ij. M.

Sig.—Teaspoonful in a tumbler of water, at bed time.

Cases of this kind are of very frequent occurrence; the mother hopes, by continual nursing, to escape pregnancy, and keeps the child at the breast long after it should have been weaned, to the destruction of health. The evils of protracted nursing can scarcely be over-estimated. The digestive power becomes enfeebled, and distressing dyspeptic symptoms ensue; the countenance becomes pale and haggard; the patient suffers from pains in the head and back, and extreme nervousness and palpitation are often met with. These patients often, of their own accord, resort to stimulants to strengthen them, but this only increases the nervous irritability. It is of very little use to attempt to improve them without first removing the cause of the debility, and it is a rule at this clinic not to prescribe for these cases unless the child is weaned at once, and then a generous diet and fresh air, with a judicious administration of tonics and laxatives, will bring the patient back to health, though in many of these cases so completely prostrated is the woman that a long time may be required to bring about the desired result.

The injurious effect of prolonged lactation is scarcely less on the child than on the mother. You will often see children that are nursing during the second summer suffering from continued diarrhœa that has resisted treatment, get well at once if the child is weaned from the mother's breast. Children are often nursed over the second summer, the mother thinking this a particularly dangerous period in the child's existence, and hoping to save it by this means, and this is often given as a good reason for the mother to continue, even if she does injure her health Now the mother is not only doing an injury to both herself and child by nursing long after she should have stopped, but in the next place, the second summer is not a period attended with unusual danger to the child's existence. The report of the Board of Health for this city shows that during the hot weather, four children under one year of age die, for every one between one and two years of age.

From twelve to fourteen months is as long as the mother should be required to give or the child to subsist upon the breast milk.

Abscess of Labia.

Jane R—, aged 23 years, married, has no children, complains of swelling of the vulva attended with great pain. An examination discloses an abscess of the left labia. It was freely opened and the pus allowed to escape. She was ordered a poultice of slippery elm bark and to take Dover's powder to allay the pain.

These abscesses generally result from closure of the duct of Dumenoy's gland, from injury or irritation of any kind, but the most frequent cause is, probably, excessive sexual intercourse. The treatment is the same as for abscess in any other part of the body—to open the sac, apply a poultice, and quiet the pain by the use of anodynes. Care should be taken not to confound this condition with that of hernia. Frequently these patients do not apply for relief until the sack has ruptured and the yellow discharge leads them to suppose they have gonorrhœa. Of course, on making examination you will be able to inform them that such is not the case.

Medical Societies.

ONEIDA COUNTY N. Y. MEDICAL SOCIETY.

The regular quarterly meeting of this society, was held at the Butterfield House, Utica, Tuesday, Oct. 11, 1869.

The President, Dr. Thomas M. Flandrau, read the following interesting case:

A GRAIN OF COFFEE REMOVED FROM THE WINDPIPE BY TRACHEOTOMY.

On the 15th of August, 1869, a healthy infant of fourteen months, put in his mouth a handful of burnt coffee berries and while masticating them was violently strangled and vomited excessively. After a while he was quieted, but his breathing remained rather hurried and was accompanied by a wheeze. This was at first supposed by the family to result from irritation of the throat consequent on his severe struggles, but it was at length suspected that the coffee might have entered the windpipe. I found him twenty-four hours after the accident, lively, without hoarseness, cough or difficulty of swallowing, but breathing with a wheezing sound. It was evident the dyspnea did not depend on croup. Careful examination showed that there was no foreign body in the esophagus and a discussion of the facts convinced me that some of the coffee had passed through the glottis.

Inversion of the child and brisk succussion, sternutatories and an emetic were tried to dislodge the particle without success. As the little patient seemed in no danger, further efforts in this direction were discontinued, and the case left to nature. A few hours after this the child's respiration became much more

difficult and noisy. His lips and skin were purple, and death seemed stealthily approaching. I then urged tracheotomy as offering the only hope. Within an hour the assistance of Drs. Whaley and Sutton having been obtained, the operation was undertaken. The patient was very dull, submitting to the preparations with little resistance, but as he was still conscious, it was determined to administer chloroform. Although some doubts were entertained of its propriety in the presence of partial asphyxia, its effects were eminently satisfactory. The spasm of the glottis was relieved and the respiration improved under its influence.

The dissection of the deeper tissues was made almost without hemorrhage. One of the thyroid veins was seen and drawn out of the way, and the handle of the knife was used more than the blade. The trachea, when fully exposed, was caught by a tenaculum, and three rings just below the thyroid gland were cut with a curved scissors.

The entrance of air through the wound at once relieved the respiration decidedly, and after half an hour the irritability of the parts subsided so that it was possible with a probe to keep the tracheal incision open, when the breathing became very easy. The child soon improved greatly in point of color and vigor, and nursed a little. I then formed a pair of hooks out of a steel watch spring which had been made flexible by heat, fixed them in the sides of the wound and connected them by a cord tied at the back of the neck. This kept the tracheal incision open. A piece of fine muslin was laid over all to exclude dust.

Probing the trachea was attempted with the view of finding the offending substance, but had to be abandoned as as it invariably provoked severe cough and strangulation.

After the arrangement of the hooks the child passed some time in comparative comfort. About six hours after the operation he nursed with great energy and probably dislodged the berry, as he choked and coughed terribly. The hooks becoming displaced, I at once opened the wound with a probe, when the piece of burned coffee, a little larger than half of a berry, was forcibly ejected from the incision, and thrown some distance out on the floor of the room.

The little sufferer was at once entirely comfortable. On closing the wound it was found that he breathed freely, and it was evident that the difficulty had been removed.

From the relief obtained when the windpipe was opened, I was led to believe that the bit of coffee was above the incision, in the larynx, to which point it had probably moved when the aggravation of the symptoms began. Attempts to settle its position by auscultation had been defeated by the struggles and cries of the child.

Very little constitutional or local disturbance followed the operation, beyond a slight cough. An occasional anodyne was the only medical means required. The wound healed by granulation. The Trachea was closed on the seventh day, and cicatrization was completed in three weeks.

Gross gives the statistics of ninety-eight cases in which the windpipe was opened for the removal of foreign bodies. Of these, eighty-three were successful, and fifteen fatal, the recoveries being in the proportion of five and a half to one death. Tracheotomy was performed in sixty-eight of these cases, the mortality being one to eight and a half cures. The deaths after laryngotomy and laryngo-tracheotomy were twice as numerous.

Dr. William L. Baldwin read the history of a case of

COMPRESSION OF THE SPINAL CORD.

A young man aged about thirty-five, an architect by profession, applied on the 22d of last March (1869) for professianal advice, stating that five years since he was taken with a sneezing fit which produced the following results, viz: A temporary paralysis of the whole system, an excruciating pain through the chest with a great difficulty of respiration, and a peculiar pain shooting through the arms, more especially the right.

This continued for the space of ten or more seconds, when some one of his friends (who were in the room with him,) noticed his distress and moved him from his fixed position, thereby throwing his head forward, when the paralysis left him, and with the exception of a certain numbness in the upper extremities, and the pain or rather soreness about the chest, he felt quite comfortable.

After a day or two all the unpleasant symptoms had passed off, the patient enjoyed good health, sleeping well, a good appetite, and in fact was never better in his life.

Since that time whenever his head is thrown suddenly backward, he experiences the same sensations, as before described, and after a short time a flacid tumor about the size of a walnut makes its appearance to the right and below the *vetebra prominens*, which in connection with a stiff neck continues for several days, after which he has his usual good health until a recurrence of the attack.

He informs me that he averages two of these attacks in the course of a year, and at no time has it caused him to be absent from his work for more than two or three days. When about fifteen or sixteen years old he was troubled with fits, which from the description given me by his father, appear to have been epileptical in form. "These, however, (to use his own language) he outgrew," and has had no return of them for several years.

He never remembers to have received an injury of any kind which could in the least have any bearing upon or cause this difficulty in the vertebral column, and with this sneezing fit before alluded to, this pe-

culiar train of symptoms clearly indicative of compression of the cord made their first appearance.—When the head is again thrown forward, after one of these attacks, the compression ceases, and with it all the symptoms, with the exception of pain, or rather soreness or stiffness of the neck, which may be looked upon as the effect of the graver symptoms, showing conclusively, that the compression is but temporary. Upon close examination I find no displacement of the vertebræ or of any of the processes; everything appears to be *in situ*, and except when the head is thrown suddenly back, the patient is *free from* all of this trouble.

Thus far I have endeavored to give the circumstances connected with the case, its history so far as learned, the peculiar train of symptoms produced, etc. Now, however, it becomes necessary to assign some cause for this temporary compression.

Several physicians, to whom I have related the case, have advanced explanatory theories, as detached spiculæ of bone, bony exostosis, compression and engorgement of the spinal veins, etc., but to my mind none of these reasons are either satisfactory or applicable to the case, for the compression is but temporary and does not produce any spinal irritation, therefore the substance, be it what it may, that produces this pressure is soft and somewhat elastic.

To account for it, I have theorized after this manner: that there is a portion of the intervertebral cartilage partially detached and somewhat wedge shaped, and that the edge of this wedge is toward the anterior portion of the body; then, the head being thrown back (the vertebræ moving with it,) the posterior portions of their bodies are brought nearer into opposition and cause these two hard bodies to press upon this partially detached cartilage, which, from its shape and elasticity is forced outwards and backwards, and impinges upon the cord, thus producing the pressure, the result of which is temporary, for as soon as the head is carried forward, the pressure which forced this cartilage out is withdrawn, and it very naturally falls back into its normal position.

This to me appears to be the most rational mode of explaining the cause of this difficulty, but in promulgating a theory, it becomes necessary to controvert others that have been previously advanced, which in most cases is attended with much difficulty, but not particularly so in this case, for those opinions that have been given were not those of deliberation, but merely haphazard suggestions.

Let us examine the different hypotheses in their order, commencing with the spiculæ of bone, then bony exostosis, and finally the engorgement of the cervical vein, and see whether they will bear the test of criticism.

Let us suppose that there are detached spiculæ of bone present in this portion of the spinal column, -what would be the result? Would the train of symptoms be the same as here exhibited? I unhesitatingly answer that they would, provided life would permit of their development, but in addition to these we should have others graver and more lasting, which would materially alter the whole aspect of the case.

For the spiculæ being hard and sharp bodies, when forced out would lacerate the sheath, thus producing irritation, which would necessarily last longer than the trouble now does, and, too, were the spiculæ large, (which they would have to be,) they would be forced into the body of the spinal cord, producing thereby inflammation, which would in all probability result in death.

Even this is a favorable view to take of the matter, for were the detached spiculæ present, the attrition caused by the spinal column as well in its lateral as its antero-posterior motions, would inevitably dislodge them, forcing them into the spinal canal, and it is unnecessary for me to say what would be the result, for that is patent to every one present.

Hence, we will discard the theory of spiculæ of bone and proceed to the consideration of that of bony exostoses, which will, for reasons before assigned, be as readily disposed of as the previous by stating the self-evident truth, "that bony exostoses do not remain in *statu quo*;" they must either increase or be resolved. In the one case there would be permanent paralysis, in the other the neck could be thrown backwards and forwards with perfect impurity, neither of which conditions are fulfilled, for the duration of the attack remains just the same as it was five years ago.

The fact that the sheath in this portion of the spine envelopes the cord so loosely, would show that the veins would necessarily rupture before becoming so engorged as to produce this pressure, and even if they did, the paralysis following (as in the case of the other hypothesis) would be of a more lasting character.

Thus I have endeavored to show, that neither spiculæ of bone, bony exostoses, or engorgement of the cervical veins can or do produce this distressing train of symptoms, and until other more plausible reasons are advanced to account for the phenomena here exhibited, I must hold to my theory that a partially detached portion of the intervertebral cartilage is the sole cause of all this disturbance.

Dr. West related a case of spasm of the glottis, caused by the reflex irritation of bronchocele. The distress in breathing was relieved by the inhalation of ether.

Dr. Ira D. Hopkins offered a preamble and resolutions on the subject of criminal abortion, which were adopted unanimously.

Dr. Louis A. Tourtelot read a carefully prepared paper entitled "The Nervous System in Disease," of which the following is an abstract:

THE NERVOUS SYSTEM IN DISEASE.

A resume of the views set forth in the paper was as follows:

1. The nervous system, being the special organ of all that is peculiar and most essential to the human organism,—its purely vital actions—should have the highest place in medical study and observation.

2. Imperfect and perverted nutrition—changes in the primary cells, being the starting point of disease, the main efforts of the physician should be to supply the essential condition of this process.

3. Chemical and mechanical views of disease, having led to the excessive use of drugs whose chief quality is to depress the powers of the nervous system, and to delay or prevent vital changes, deserve the severest criticism.

4. All substances which are essentially devitalizing, and those which are purely stimulant only, should be cautiously employed, and for the shortest possible periods of time.

5. As in the language of an American author, "the most unwarrantable of all experiments are those involving human health," the free experimenting with poisonous drugs in general practice, should be strongly condemned.

Dr. ROBERT FRAZIER, of Camden, gave the history of an extraordinary case of muscular development in the right arm of a patient of his. Various theories were advanced to explain the condition.

Dr. JOSIAH RATHBUN gave in detail the symptoms connected with an abdominal tumor in the epigastric region of a person under his care.

Drs. CHURCHILL, STURDEVANT, FLANDRAU and HUTCHINSON related cases of malignant tumors of the abdomen.

On motion the Society adjourned to meet the second Tuesday in January, at the Thompson House, in Rome.

EDWIN HUTCHINSON, M. D., Secretary.

CINCINNATI ACADEMY OF MEDICINE.

October 11th, 1869.

CASES IN OTOLOGY.

By W. W. SEELY, M. D.

(Reported by Dr. Hadlock).

It might seem like time poorly spent to consider any points in referenee to the ordinary secretion of the external *auditory canal*, still I feel assured that in the two cases I have to present there will be points of interest to all, quite sufficient to justify me in asking your attention for the few moments that will be required for their enumeration and consideration.

From earliest time, considerable importance has attached to the secretion of the external auditory canal. That importance has varied all the way from Buchanan—the Scotchman—to that of the modern school. Buchanan wrote several works in which he called special attention to the great significance of the *cerumen*. In his regard for the significance of the cerumen, he might be classed with Jones in his regard for the significance in the form of the *auricle* physiognomically considered. Jones says "show me your ear and I will tell you who you are, where you are going, and where you came from." As is well known, the external auditory canal has a cutaneous covering continuous with, and in all respects like the common integument of the body. It was, probably, the ignorance of this fact, or the ignoring of it that led to the modern stress put upon the secretion of this canal. When once we bring ourselves to give a proper regard to the identity of the skin of the auditory canal, with that of the integument generally, it will require no great stretch of fancy to see that the secretion of the two should commonly be regarded as identical. I say commonly, for just as the fluid that lubricates the eye ball and eyelids is by no means secreted entirely by the lachrymal gland, but by the mucous membrane and meibomian gland also, so the cerumen is a mixed secretion from the proper ceruminous glands and the other secretory parts of the skin, and the so-called ear-wax is made up of cerumen proper, sebaceous matter, little dead hairs, and scales of epidermis.

The special and general integuments then, having such an anatomical identity it would be reasonable to suppose that the secretory power of the two will have a close relation, and such now seems to be an accepted fact. At the present day little regard is paid to the absence or presence of cerumen, or its great or less abundance. It is well known that previous to the discovery of the opthalmoscope, everything beyond the iris that caused blindness was put upon the nerves, till the present improved means of effecting an examination and making out a diagnosis; of necessity the secretions and the nerves must be at the foundation of deafness; so, then, so far as any relation of the secretion, absence or superabundance goes as a cause of deafness, or so far as it is an indicator of inflammatory cause, its value or importance is to be ignored. In one point of view, however, it is a matter of the highest moment—I mean in a mechanical one—were any one to find in the external canal a tumor of any description, osseous, fibrous or mucous, he would undoubtedly regard it a matter of his deepest attention.

I hope to present two cases and a description tonight, to illustrate how this, in itself, so unimportant secretion may become a matter of deep and even of the most serious import.

Mr. B. presented himself at my office for a trouble in the ear. For five or six years he had a singing

and thumping noise in one ear—the right; and recently he began to have them in the other—the left. Shortly after the tinnitus began in the left, he experienced attacks of dizziness, and now and then a sharp, piercing pain, and a constant disagreeable heaviness in the head, apparently, as he described it, passing from one ear to the other, and amounting almost to a pain. The symptoms and the increasing deafness led him to have a consultation. An examination showed the hearing in both sides to be impaired, the watch not being heard at all on the right auricle. After softening the collection in the left ear, it was readily removed by syringing, and inspection showed the membrana tympani to be normal in color and position, and testing by the voice and watch showed the hearing power to be normal. The accumulation in the right ear was removed with difficulty, inasmuch as all touching with forceps and all attempts at syringing produced dizziness and pain deep in the ear. So it was not till after two or three days, during which the ear had been many times filled with warm water that a perfect removal could be effected. After the meatus was freed an examination showed the membrana tympani to be somewhat thickened. The abnormal concavity of the membrana tympani was an indication for the inflation of the drum by means of the catheter, after which the membrane assumed a better position and the hearing distance increased very perceptibly. The inflation was repeated to the fifth sitting in as many days, at the end of which time the membrane had improved very much in its appearance, assuming a more normal color, and the hearing was about normal. Watch could be heard ten feet.

The second case I beg to present is one of vastly greater import. A lady presented herself at my office, as she said, "to have her ear examined." Her story, briefly, was that her mind had been deeply employed on,—to use her own words—"the great truth of the day, which the world is trying to keep back, but which is certain to advance till it dispels, with its genial warmth, all the chill that greeted it at its early dawn."

This woman was crazy on spiritualism, and had paid no attention to the ringing in the ears, though she confessed it had been there for many years. Of late there had been something more than tinnitus, a very disagreeable feeling, not only in her ear, but in all that side of her head, that she said rendered her quite miserable. On examination I found that she was unable to hear the watch on either side at all, either against the auricle, or on the bones.

In the right the hearing of the voice was still quite good, so she protested it was perfect. The membrana tympani was opaque and very concave, drawn in against the promontory, indicating a chronic inflammation of the cavity of the middle ear, and closure of the eustachian tube. In the left I found the meatus filled to within a short distance of the entrance with impacted cerumen. As a preparation for syringing I began to remove the wax as far as possible with a small pair of forceps. Before penetrating far I felt something hard between the blades of the forceps, and on examination found it to be a small piece of bone.

The removal required a good deal of patience and care, as the ear became very sensitive. During the removal several small pieces of bone were found, and on examination with a probe, showed there had been absorption of the covering of the long canal at its beginning—upwards and outwards—and corresponding necrosis. The patient said that she remembered to have felt hard particles on putting the finger into the ear, so she probably had come in contact with several small pieces of bone.

I need not dwell on the importance of these two cases, but perhaps a few general remarks may not be out of place. Of course such cases present no difficulties in the way of diagnosis, for an examination by means of speculum, would at once, to the most inexperienced eye, show what the difficulty was, and of course the only thought could be about its removal. As you have seen in these cases the removal was no slight matter; were it so, as is usually the case, it would need no special merit. I always think it a very good plan when the plug seems hard, to remove the surface with the forceps, then begin syringing with warm water as hot as the patient can bear, beginning gently and increasing the force of the stream till it can be decidedly felt.

It is not wise to continue the sitting too long—especially if the patient becomes dizzy, as is apt to be the case, or complains at all of pain.

It is better to use the warm water during the day and glycerine at night—continuing the syringing next day, and probably the plug or mass will come away readily.

It is always advisable for one's own reputation, that the hearing be tested before the attempt at removal begins—and before any prognosis is made—for of course if there is an existing middle ear trouble, the hearing may be improved, but not made perfect. Again, I would have you bear in mind that such a condition of the parts as was present in the first case reported—being the abnormal concavity of the membrana tympani and consequent impairment of the hearing, and its relief by inflation.

I feel that too little attention has been paid to this point, for though the pressing of the concavity of the membrana was entirely the result of the pressure from the plug of cerumen, the membrana could not return to its proper position from partial anchylosis of one or more of the joints of the little bones. So the cavity of the drum being narrowed or entirely obliterated, there must remain a corresponding dullness of hearing. That the plug of cerumen was the cause of concavity of the membrane in the first case

was admitted, by the fact, that the eustachian tube was open. Again that the plug of cerumen can cause such a pressure, is shown by the fact that a perforation of the membrane has been so caused, and also an ulceration of the periosteum of the bony walls of the external canal, as has been seen in the second case I have presented.

Such cases as have been presented will not seem strange if we will regard such collections as veritable tumors, that slowly but surely increases in importance with time, and to do the work of a true tumor, needs only time and non-interference.

Both the dizziness and noises in my first case could readily be accounted for by the direct presence of the nerves communicated through the little chain of bones to the fluid in the labryrinth.

Editorial Department.

Periscope.

Action of Veratrum Viride.

Drs. Amory and Webber sum up the physiological action of this drug in these words.—(*Boston Med. and Surg. Jour*).

The conclusions in regard to the physiological action of veratrum viride, and the alkaloid, veratria, which can be drawn from these experiments and cases recorded by others, confirm those that we have been induced to draw from our own experiments. We need only mention, here, the influence which is exerted upon the nervous system. In some respects resembling the action of woorara, it differs from that poison in less energetic action, in attacking the sensory fibres as well as the motor, and in diminishing the frequency of the cardiac pulsations. We have not performed any experiments to show whether the periphery or centre of the nervous system is affected, or whether the whole nervous tract is influenced.

The influence over the cardiac pulsation is, however, such that we are disposed to suspect that the nerves supplying that viscus are influenced at their central origin. The reduction in temperature indicates that the metamorphosis of tissue by which the temperature is sustained is interfered with; but this is most marked in cases of abnormal excess of temperature. The reduction of temperature would, also, indicate an influence over the vaso-motor system; the paleness of face, the dilated pupils, which have been sometimes noticed, and the increase of the arterial tension, observed by Limon, point to the same conclusion. If this be so, the weakness and paralysis may be due to an excessive contraction of the arterioles. Our experiments do not allow us to decide whether it is the spinal cord which is affected by this contraction, or whether it is the nervous trunks, or the terminal fibres of the nerves, or the nervous plates, which form the connection between the nerve and the muscle; but inasmuch as the respiratory and cardiac movements, the arterial contractility, the motor and sensory powers, and the secretory functions are all more or less affected, it seems more reasonable to refer the disturbance to the spinal axis, as that part of the nervous system through which the influence is exerted, and from which all the above mentioned results are produced.

The nausea and vomiting, the sensation of tingling, the prickling in the fingers and toes, and other abnormal sensations in the throat and elsewhere, which seemed to be present even when the drug was administered hypodermically, might be caused by the direct contact of the drug upon these parts as it circulates through them in the blood. A local application produces a numbness and deadens the pain of neuralgia. The deadness and diminished sensibility may, likewise, be due to the local contact, of the drug; or, both these effects, viz: the loss of sensitiveness and the abnormal sensation, may be due to its influence over the central nervous system.

In one case only, that of accidental poisoning, does there seem to be a cloud over the intelligence.

Scarifying the Gums.

Dr. F. W. Hatch concludes an article on this subject in the *California Medical Gazette*, in these words:

1st. That while scarifying the gums in infancy is frequently of the most essential service in allaying nervous irritability, and relieving or warding off the early indications of cerebral congestion, the operation is not without danger, and like all others upon young children, should be performed only for just and sufficient causes.

2d. That it should be resorted to only on the most urgent indications, in systems already reduced by previous disease—pale, anæmic, and under the influence of mercury. That under these circumstances, it is better to risk the excitement due to difficult dentition than to resort to a remedy which may result fatally; in other words to bear and counteract the ills we have to deal with, than encourage others we know not of.

3d. That in the cases referred to, the subject of this paper, there was an hemorrhagic diathesis, probably acquired as one of the effects of mercurial influence.

4th. That the condition of the system, especially of the blood, in similar cases, is such, that they must almost of necessity prove fatal.

Astigmatism.

Dr. G. H. Powers remarks in the *California Medical Gazette:*

Astigmatism is the name for an anomaly of refraction of the eye caused by an irregular curvature of the cornea, and is by no means an uncommon condition, although generally unnoticed except in exaggerated forms.

Very many persons who claim excellent eyesight will find that with one or the other eye, or both, a series of parallel lines, thus, ≡≡≡≡≡ will look more black and distinct in one position than in another. For instance, while they appear plain enough in the horizontal position, they may become much more distinct if held so as to be perpendicular, or inclined at an angle. This is due to the fact that the radii of curvature of the cornea are not all equal, and this is the simplest test of astigmatism.

Again, in a darkened room, if a dark chimney be placed around the gas or lamp flame, and a small round hole made in the chimney, this aperture will appear *oval* instead of round to the astigmatic eye.

Emphysema from Whooping Cough.

Dr. J. H. Pooley reports this case in the *Medical Gazette:*

September 28th, 1869, I was asked to see George Corbit, a child six months old, who has had whooping-cough for several weeks, but in rather a mild form.

The night before my seeing him, his mother noticed a swelling in the front of his neck, which, by morning had spread over his entire body. It could not be attributed to any specially severe paroxysm of cough.

Upon examination, the neck, chest and whole body, except only the lower extremities were found to be distinctly and markedly emphysematous, and everywhere yielded upon touch the peculiar crepitus of air under the skin in the meshes of the connective or areolar tissue; the swelling being most extreme in the neck where it was first noticed.

The scrotum was blown up, so as almost to obliterate, or conceal the penis, and on being pressed, cracked like a dry bladder filled with air.

The respiration was somewhat hurried, the pulse rather quick, but the child though rather pale and run down, nursed freely, and digested his milk well.

I suggested the propriety of minute punctures to relieve the breathing should dyspnœa become oppressive, but I have not seen or heard from the child since.

In January of the present year, I reported at a meeting of the Yonkers Medical Association a case of emphysema of the neck and chest in a young child, coming on suddenly during a severe attack of bronchitis.

In this case, however, the emphysema was distinctly attributable to a violent and suffocative attack of coughing; it soon passed off and the child did well under ordinary treatment.

Symptoms of Poisoning by Atropia.

Dr. Lewis Smith exhibited to the N. Y. Pathological Society (*Medical Record,*) a portion of skin removed from an infant that had died early on the Monday morning previous from the effects of atropine. An autopsy was made by the coroner twenty-five hours after death, and a second one by the staff proper three hours subsequently.

There had been in the ward of the hospital a solution of nitrate of silver and atropia in water. The proportion of the latter was one grain to the ounce. This had been used for some time, so that the exact quantity remaining at the time it was drunk by the little victim is not known. As fully an ounce was found in the vial after the infant had taken it, it was presumed that something less than half a grain of the alkaloid had been swallowed.

The poison was taken about six o'clock on Sunday evening, and the physician, Dr. Dunster, and his assistant, were called to the child within half an hour afterwards. They then found that there was a considerable efflorescence of the whole surface save around the mouth and alæ nasi, which were pallid. This condition remained unchanged up to the time of death, and, although much faded, was distinctly visible on the section of integument exhibited. The pupils were very much dilated, and continued so until an hour before death, when Dr. Dunster observed them suddenly contract, in which condition they remained. In connection with this latter circumstance, it must be stated that the patient had been taking opium. The whole quantity of this drug that was administered was not more than one grain. The pulse from the first was considerably accelerated, and gradually increased up to the time of death from 120 to 180. The respiration at the same time was accelerated, catching, and very irregular, a point of some significance in connection with the post-mortem appearances in the chest to be hereafter noted. One of the physicians counted the respirations a little before death, and they amounted to *one hundred* per minute! About three hours before death convulsions took place. These were clonic in character and continued until death. There was also present temporary opisthotonos.

Autopsy.—At the autopsy the brain was found in a normal state. Dr. SMITH was not present at the opening of the chest, but the physicians stated to him that each pleural cavity contained three or four ounces of serum; that the lungs were partially collapsed, at least not fully inflated, and were in a state of congestion—evidently œdema pulmonum. This was of interest in connection with the embarrassed respiration, which condition continuing, doubtless gave rise to œdema and hydro-thorax. The contents of the head had not been seen by Dr. SMITH, and he had forgotten to inquire in relation to them. The stomach was healthy, but post-mortem digestion had taken place in the vicinity of its cardiac orifice.

Chloral

DR. RICHARDSON recently opened his course of lectures on Experimental and Practical Medicine. The subject was Chloral; and many new experimental facts were illustrated; among others, the great decrease of animal temperature caused by the substance, and the production of prolonged anæsthesia by inhalation from an ethereal solution. The following is a summary of the lecturer's views given in the *British Medical Journal*: 1. Deep and prolonged narcotism can be safely produced by the hydrate of chloral. 2. During a portion of the period of narcotism, there may be complete anæsthesia with absence of reflex actions; a condition, in short, in which every kind of operation fails to call forth consciousness. 3. During the narcotism, there are intervals of apparent exalted sensibility. 4. In the transition from drowsiness to stupor, there is no stage of muscular excitement; but in birds there is vomiting, as is common in the same animal in the second stage of narcotism from chloroform. 5. During the narcotism produced by the substance, there is invariably reduction of temperature. 6. The hydrate produces muscular relaxation; which relaxation extends to the muscles of volition, and also to the iris and muscular arterial system. From the condition of the muscles after death, it may be inferred that this paralysis is in part due to change within the the muscular structure itself. 7. The action of the substance on the nervous system is primarily on the sympathetic ganglia, afterwards on the cerebrum; and, finally, on the heart. 8. Recovery is followed by no bad results. 9. In fatal cases, the functions are destroyed in the following order: *a.* the cerebral; *b.* the voluntary muscular; *c.* the respiratory; *d.* the heart. 10. The substance, in small proportions, prevents, in some degree, the coagulability of the blood; and, in large quantities, stops the process of coagulation altogether. In large quantities, it also destroys the blood-corpuscles, and produces general destruction of blood. But to produce deep insensibility, the dose administered need not be so large as to lead to serious derangement of blood. 11. The phenomena observed correspond with those observed under chloroform; and the balance of evidence is, that they are the result of the action of chloroform. 12. Therapeutically, the agent is to be accepted as the rival of opium. It promises to be useful in cases where there are increment of animal heat, muscular spasm, and pain. It will be worthy of extensive trial, in tetanus especially. The dose of hydrate of chloral for a child is seven grains; for an adult, the dose may be extended to one hundred or even one hundred and twenty grains. The lecture was illustrated throughout by experiment; and the lecturer received hearty applause from those who were present.

Reviews and Book Notices.

NOTES ON BOOKS.

A NEW weekly illustrated journal of science, called "Nature," announced by Messrs. Macmillan, of London, to be begun on the first Saturday in October will be edited by J. NORMAN LOCKYER, while Professors Frankland, Brodie, Huxley, Kingsley, Odling, Oliver, Bastian, Charles Darwin, M. A., and others, will be on its staff, which in fact unites "all the talents" of the day—that is, in scientific literature.

Dr. BENCE JONES, Secretary of the Royal Institution of Great Britain, is writing a biography of Michael Faraday, the philosophic and practical man of science, long connected with that institution as Sir Humphrey Davy's successor.

The Pathology and Treatment of Stricture of the Urethra and Urinary fistulæ. By SIR HENRY THOMPSON, F. R. C. S., Philadelphia. H. C. LEA. 1869. 1 vol., 8 vo., pp. 359.

This edition of a deservedly popular work is from the *third* and revised London edition, and what is remarkable, the revision, instead of adding to the bulk of the work, as is so generally the case, has reduced the size of the volume, by the omission of a number of cases. On the other hand several additions have been made, giving the result of therapeutical progress and the author's more extended observation. It is, therefore, though a smaller, yet in fact a more useful epitome of the subject than the original and larger edition.

The pathology, diagnosis, and treatment of stricture in both males and females are spoken of at considerable length, the causes and characteristics of the different varieties are discussed, and an appendix is attached containing a series of notes relating to preparations illustrative of organic stricture and its consequences in the various pathological cabinets of London, and also a chapter on the examination of urine for clinical purposes chiefly in connection with the subject of difficult micturition. The latter is illustrated by several full page engravings of abnormal deposits.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 30, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

NOTICE!!

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN THIS COUNTRY. If the leading Physicians and Surgeons of America do not write for the medical journals, as do those of Europe, we are determined that it SHALL BE NO FAULT OF OURS. We shall expect—*and have a* RIGHT *to expect, a commensurate support.*

For new subscribers we make the following LIBERAL OFFERS:

1. To any of our present subscribers who will send us a new name, a copy of the PHYSICIAN'S DAILY POCKET RECORD; and credit on books, etc., for more than one name, to the amount of ONE DOLLAR for each name.

2. New subscribers who remit $5, will be entered *to the end of* 1870. Those who send in their subscriptions *soon*, will therefore receive the REPORTER for FOURTEEN MONTHS for Five Dollars!

☞ Until there is a change in the Postal Laws, or in the Post Office arrangements, we shall be compelled to cease prepaying postage on the REPORTER after the close of this year. Prepaying subscribers will not, however, lose anything in consequence.

THE PRICE OF BEAUTY.

An item which went the rounds of the press a few months back affords us a text from which o speak a few words on one of the applications of chemistry, which has much to do with the public health. The item referred to was that, in Louisville, Ind., five young women had been poisoned by the use of a face powder of toxical character. We have not inquired from correspondents whether this is true or not, but we well know that if not true it is very possible and likely. *Se non e vero, e ben trovato.* These powders usually contain carbonate of lead or white precipitate, either of which could readily bring about the sad result recorded.

Very much has been said in this and other journals within the last year, about certain hair-dyes containing lead, which, in several instances, have induced lead-poisoning, resulting in permanent paralysis or death.

The tooth-washes and dentifrices, advertised under such high-sounding names, very generally are composed of pumice stone, cuttle fish bone, or some similar gritty substance, sure to wear out the enamel, or else their power of whitening the teeth depends upon the presence of tartaric or some other acid, which corrodes and soon destroys the health of the tooth.

Pure rouge is, medically speaking, unobjectionable. Neither carmine nor carthamine, which are the two substances at the basis of the best commercial article, acts deleteriously on the skin. But large quantities of the rouges sold are coarse preparations of vermillion, which, like all other mercurial forms, are pretty certain to injure the skin and the general health when frequently applied.

The lotions and washes vended by perfumers and apothecaries for whitening the skin, removing freckles, improving the complexion, and so forth, mostly contain either bichloride of mercury or caustic potash, or even prussic acid. They are therefore eminently dangerous, and have led in divers instances to most tragic catastrophes, the more readily as most of them are prepared with the addition of glycerine, and have a sweet and pleasant taste. We can mention a popular "moth and freckle lotion" which, under a well regulated pharmaceutical law, would be prohibited on account of its actively poisonous properties. For it so happens that the articles in the materia medica, most valuable as cosmetics for the skin are precisely those most to be dreaded for their prompt toxical effects on the human system. So that the dealer must choose either to sell an article of little real value, or to sell one which is poisonous.

These considerations would be of less moment were the branch of industry to which we refer, one of limited extent. But so far is this from being the case, that perhaps no single branch of applied chemistry has been more persistently explored, and more pertinaciously brought before the public in one form or another. Some of the largest fortunes in our great cities have been built on hair tonics, lotions and tooth powders.

It becomes, therefore, a very important department of State Medicine to examine the bearing of these articles on the public health, and where possible, to limit the use of such as are deleterious. It is hopeless to expect to do this latter by legislation. The only means at our command is to analyze the suspected articles, and finding them injurious, to publish them as such, and warn the public against them, just as some years ago the *Lancet* of London did with confectionery. Even then the work would not be done, for these articles supply a demand and indeed an actual want in the community. In our present civilization such materials are needed in the toilette, and they will be used.

The next step, therefore, in the work of reform, after warning against deleterious compounds would be to furnish the public with simple, effective, and safe recipes for preparing or readily obtaining such cosmetic articles as may gratify the prevailing, natural, and on the whole laudable desire of looking as handsome as possible. It is to be hoped that those who have State Medicine at heart will not overlook this part of its domain.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 28.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Treatment of Headache.

J. M. DaCosta, M. D.

256. ℞. Potassæ bitartratis, ʒj.
Aquæ, ℥ij. M.

Take a tumblerful in the morning, three times a week, for congestive headache.

Also, mustard foot bath every night. The application of a hot salt bag to the back of the neck often affords relief. This form of headache is frequently associated with cardiac enlargement.

Prof. Austin Flint, M. D., etc., New York.

Periodical Headaches.

As regards successful treatment, this affection, belongs among the opprobria of medical art. If patients be not unpleasantly affected by opiates, an attack may sometimes be warded off, or its severity lessened by a full dose of this drug or one of its alkaloids. The carbonate of ammonia and a saline purgative are sometimes effective at the commencement of an attack. Various palliative measures may be resorted to, such as inhalation of chloroform, evaporating lotions to the head (alcohol, spirits, vinegar, ether), &c. In some cases a towel or napkin wrung out in water as hot as can be borne, and wound around the head, is more efficient than cold applications. Warm stimulating pediluvia, strong coffee or tea, and the application of the galvanic or the electro-galvanic current are useful in some cases. During the intervals, the remedies which are sometimes of service by way of prophylaxis are, nux vomica or strychnia in small doses, arsenic, small doses of quinia, belladonna, and the preparations of zinc, more especially the valerianate. They may be tried in succession. Hygienic measures are important, and the avoidance of everything, which experience shows in individua cases, to act as exciting causes.

Thomas Hawkes Tanner, M. D., F. L. S., etc., London.

257. ℞. Quiniæ sulphatis, gr. xxiv.
Pulveris rhei, gr. xxxvj.
Glycerinæ, q. s.

Divide into twelve pills, and order one to be taken at night.

Often of service in curing bilious headaches; the patients also taking daily exercise in the open air, and avoiding too much sleep.

258. ℞. Acidi nitro-muriatici diluti, fʒij.
Strychniæ, gr. $\frac{1}{4}$-$\frac{1}{2}$.
Spiritus chloroformi, fʒvj.
Tincturæ zingiberis, fʒiij.
Aquæ, q. s. ad. fʒiij. M.

A tablespoonful in water three times a day, for nervous headache.

Holding the arms high above the head produces a marked effect upon the cerebral circulation, and will frequently relieve the severity of that peculiar morning headache, with which some persons constantly awake.

Compression of the temporal arteries with a couple of pads and a bandage may sometimes be of service.

Cold lotions, eau de cologne, etc., to the head, dry cupping, or blisters, or setons to the nape of the neck; the removal of decayed teeth or stumps from the mouth, and change of air, are all occasionally indicated.

259. ℞. Zinci valerianatis, gr. xij–xxiv.
Extracti belladonnæ, gr. iij–vj.
Extracti gentianæ, gr. xxiv. M.

Divide into twelve pills. One to be taken three times a day.

Useful in hysterical headache, especially when there is habitual constipation.

260. ℞. Zinci phosphatis, ℈j-ij.
Acidi phosphorici diluti, f.ʒjss.
Tincturæ cinchoniæ, f.ʒvj.
Aquæ menth. pip., q. s. ad. f.ʒiij. M.

Tablespoonful in a half wine glass of water three times a day in hysterical headache, associated with debility.

Henry G. Wright, M. D. M. R. C. P. etc.

261. ℞. Tincturæ capsici, f.ʒij.
Liquoris ammoniæ acetatis,
Tincturæ aurantii corticis,
Syrupi aurantii corticis, aa f.ʒvj.
Aquæ, f.ʒss. M.

Dose—a tablespoonful. To relieve the headache that ensues after *inebriety*, etc.

262. ℞. Linimenti chloroformi,
Linimenti belladonnæ aa f.ʒiss.
Tincturæ opii, f.ʒj. M.

For external application in rheumatic headaches.

Mustard plasters applied to the neck are also exceedingly useful as a means of counter-irritation. In such cases the following aperient is of advantage, viz:

263. ℞. Pilulæ colocynthidis compositæ, gr. xv.
Extracti colchici acetici, gr. iij.
Olei carui, ♏.i. M.

Divide into four pills. Two to be taken at bed time, and one on consecutive nights. These pills should be followed, in persons of a costive habit, by a morning purgative, as follows:

264. ℞. Magnesiæ, ℈iv.
Liquoris potassæ, ♏.xlv.
Extracti sennæ fluidi, f.ʒij.
Syrupi zingiberis, f.ʒss.
Tincturæ aurantii corticis, f.ʒss.
Aquæ, f.ʒj. M.

Dose, a tablespoonful.

The administration of an alkaline medicine containing potash, if continued with regularity, will then generally be followed by rapid amelioration of the pain and tenderness. The following may be used:

265. ℞. Potassæ carbonatis, ℈iv.
Potassæ chloratis, ʒjss.
Tincturæ cinnamomi,
Tinct. aurantii corticis, aa f.ʒvj.
Syrupi aurantii corticis, f ʒjss. M.

A dessert spoonful to be taken twice or three times a day.

If imprudent exposure to cold, has produced an aggravation of the headache, and particularly if the patient be subject to catarrh, it is advisable to administer a sudorific at bed time, such as

266. ℞. Pulveris ipecacuanhæ compositi, gr. xij.
Pulveris camphoræ,
Pulveris guaiaci, aa. gr. iv. M.

For one powder, to be taken about bed-time.

In *gouty* headaches colchicum may be employed with greater freedom than in ordinary gout, care being taken that the bowels are freely open during its administration. An actual attack is best relieved by a brisk aperient, (F. 263) followed by an effervescing mixture, containing an excess of potash, viz:

267. ℞. Potassæ carbonatis, ℈iv.
Ammoniæ carbonatis, ℈ij.
Tincturæ serpentariæ, f.ʒss.
Aquæ camphoræ, f.ʒiijss. M.

Two tablespoonsful to be added to a tablespoonful each of water and lemon juice, and to be taken effervescing twice or three times a day.

In the treatment of *plethoric headaches* the employment of medicines should be as far as possible dispensed with. They should only be resorted to when the necessities of business prevent, or the solicitations of indolence interfere with a strict control over the diet and regimen. In these cases a saline diuretic should be ordered, such as

268. ℞. Potassæ acetatis, ʒij.
Potassæ nitratis, ʒj.
Spiritus juniperi compositi, fʒvj.
Aquæ menth. pip., q. s. ad. fʒiv. M.

A teasponful twice a day together with an occasional aperient at night; viz:

269. ℞. Pil. colocynthidis comp., gr. l
Saponis castilliensis, gr. ix
Olei anethi, ♏.ij. M.

Divide into twelve pills; two to be taken at bed time and followed by a Seidlitz powder in the morning.

Persons subject to plethoric headaches should not partake of animal food more than once a day; should never indulge the appetite to satiety; should avoid beer, spirits, coffee and all stimulating beverages; should bathe the head freely at night and lie with it elevated on a hard pillow during sleep; should have an airy bed-room and rise so soon as fairly awake, for otherwise activity of the thoughts in a recumbent position will congest the head and cause it to ache.

When the patient has been exposed to cold and the headache comes on at night, with the head hot and the skin harsh and dry the following sudorific taken at bed time, is often of great service, the body being kept warm during its action.

270. ℞. Pulveris antimonii et potassæ tartratis, gr. 1-6.
Pulveris Jacobi veri, gr. v.
Pulveris potassæ nitratis, gr. x. M.

To be taken at night.

In the plethoric headache of pregnancy, relief is afforded by the use of saline medicines, as

271. ℞. Magnesiæ sulphatis,
Sodæ sulphatis, aa. ℥j.
Acidi sulphurici diluti, f.℥ij.
Tincturæ cardamomi compositæ, f.℥iss,
Syrupi aurantii corticis, f.℥ss.
Aquæ cinnamoni. f.℥j. M.

A desert-spoonful twice a day. Fluids should be avoided as far as possible. Sea air and sponging the body with tepid salt water generally prove beneficial.

In the treatment of *Congestive Headaches*, the aperients so frequently required should be cordial and saline, such as

272. ℞. Extracti sennæ fluidi, f.℥ijss.
Magnesiæ sulphatis, ℥ij.
Acidi sulphurici aromatici, f.℥ij.
Syrupi aurantii, f.℥j.
Infusi rhei, f.℥ijss. M.

Dose—a tablespoonful in the morning.

Surgical Patents.

The editors of the N. Y. *Medical Gazette* remark: The ground taken in all arguments against patents, is that by them one member of our profession would be forced to pay an increased price for a "secret," or for the "exclusive knowledge" of another; and this we have shown not to be the case. Neither would the price of the patented article be augmented, nor would its use be in any way restricted. The difference between the case of a material appliance which must be manufactured by a mechanic before it avails aught to the profession, and that of a scientific discovery in physiology, is too obvious to need a moment's comment. All that we have urged is that instead of the mechanic receiving the entire profit, the inventor should be entitled to a share of the benefit; and that benefit would be in direct proportion the number of instruments used by others, and utterly destroyed by his claiming their "exclusive use." If he desired this latter, he would want no patent; he need only have a single instrument made and refrain from publishing any account of it, thus preserving his secret and preventing others from profiting by it. We cannot, for the life of us, see how the diversion of a small portion of an existing profit from the pocket of the instrument-maker to those of the inventor, would in any way contract the benefits of our science, or "place restrictions upon medical improvements."

These expressions are further indicative of that change of opinion on this subject, which we noted a few months ago, as visible in England.

Hemlock.

One of those paragraphs so common in newspapers, and so productive of harm, has been started on its dangerous career by the *Pall Mall Gazette*. It is stated that not only is hemlock no poison, but that it has no remedial value; and further, Dr. John Harley is alleged to be responsible for the latter utterly unfounded assertion. This is erroneous. Undoubtedly Dr. Harley's valuable researches have shown that the poisonous effects of *conium* are far from being as intense as they are generally represented. But if his labors have done anything to benefit medicine in this direction it is in showing that in the juice of conium we have a remedy for a disease-chorea, or St. Vitus's dance, which has hitherto baffled every effort of the physician.

Restitution.

The Medical Board of Baltimore, which was organized some two years since, under what was known as "the medical law," and which was subsequently pronounced unconstitutional, announces that it is prepared to refund the money paid in for *licenses*, minus the deductions which have been made for necessary expenses.

Intermarriage of Relatives.

A correspondent in New England writes to us, criticizing severely the action of the Gynæcological Society of Boston and our own expressions in opposing the New Hampshire law, forbidding marriage of first cousins. He mentions two instances where from such marriages idiotic children proceeded. This illustrates how carelessly statistics on the point have been compiled. Observers have gone from children to parents, when they should have gone from parents to children. Mr. Voisin, of Paris, who has made recent and extensive investigation in the latter method, denies the alleged danger of intermarriage between healthy cousins. We believe the question is still an open one, and that any legislation is premature and unjust. We observe that the reviewer of Dr. N. Allen's pamphlet, in the *Am. Jour. Medical Sciences* takes very nearly the ground that intermarriage *per se* is not proven injurious.

"Sweet Quinine."

This article, extensively advertised as an active preparation of the alkaloid quinia is said to have proven on analysis to be nothing but cinchonia mixed with impure powder of liquorice root. Such an imposition on the profession, and worse than that, on thousands of sick people, deserve the severest condemnation. It is a swindle of the most aggravated character, and the man who is responsible for it, if the above statement be correct, should not escape the severest penalty which the law, and the honor of the drug trade and the medical profession can inflict. We are glad to learn that he has been excluded from the Pharmaceutical Association of Detroit.

☞ We have received an article on the use of the Long Tube in Intestinal Obstructions, by Dr. Thos. Hay, of this city, which will appear next week.

Correspondence.

DOMESTIC.

Life Insurance.

EDS. MED. AND SURG. REPORTER: In your strictures on "Life Insurance," we fear, in your zeal, you have lost some of your better judgment. We will not deny all the points. Some have been well taken; but a few glaring errors may be noticed.

1st. The danger of insurance running into similar failures, (referring to the Albert) by reason of large commissions, expenses, etc., under the law as held in Massachusetts and New York; this is improbable. Each company must have a reserve, more than ample to protect every policy holder; if insufficient, the door to business is closed against the company.

2. The Carlisle Table, objected to by reason of its excess above present mortality rate, is nothing really injurious to the policy-holder, rather advantageous, as the accumulated reserve being larger, the better the prospects of final payment. But the majority of Companies have based their rates on "combined experience," and we can but point to the assets of 1868, $175,554,426.00, computed premium. Reserve $140.190.288.00, death claims, $11,475,837.00, to show how safely the insured stands under any of the tables. There can be no better answer than this exhibts. "The millions and hundreds of millions of actual dollars represented, augmenting at a rate of increase which doubles them every two years, is more suggestive than any words can be; and the reader may get some adequate idea of the immense pecuniary and social interests which the future of life insurance will more than probably involve."—*Barnes.*

While a few base physicians may be found, who would stoop to be pliant tools of agents bringing them examinations; we have not yet learned that so honorable a profession as "the Medical" could be bought, man for man, at $3 a head—the price of an examination. You certainly err in casting such a stigma upon a profession to which we have the honor to belong. On the contrary the best medical talent is chosen for these positions, and if a company occasionally is imposed upon, the error can be easily rectified by reporting such at the Home Office. All examinations made by companies' agents are reviewed by a Board at the principal office: how easy to detect incompetency with a critical certificate, in which the most minute details are entered?

Upon one point we do agree; and you will add as much by asking Pennsylvania for a reciprocal law by which companies as well as insured are protected.

Give us an insurance commission and Board of Insurance Revision, and many of the "evils" of insurance will disappear. The wheat and chaff will will be winnowed. D. S. G.

News and Miscellany.

Central Ohio Lunatic Asylum.

We are glad to learn by a note from the Superintendent, Dr. WM. L. PECK, that the contracts for rebuilding the Central Ohio Lunatic Asylum at Columbus, which, it will be remembered, was destroyed by fire some months since, have been made, and that a model building will spring from the ruins. It is expected that it will be completed by 1872.

——A patent has recently been granted for a method of refreshing horses while in harness, which consists in making the bit hollow, and having perforations in it. A rubber tube extends from one side of the bit to the carriage, and by pressing a rubber bag which contains water, the driver is enabled to refresh his horse whenever he chooses without stopping. For saddle horses the water bag is suspended from the horse's neck, or upon the pommel of the saddle.

——DR. AUBERT-ROCHE, in a report on the sanitary state of the laborers on the Isthmus of Suez, says that, while in 1859 the population was only 150, it has now reached 42,400—more than half being Europeans. Except in a year when cholera prevailed, the mortality has remained steadily at 1 per cent.

——IT is said by the *Wiener Medizinische Wochenschrift*, that the German professors, Oppolzer and Chelius, were asked by M. Nelaton whether they would accept an invitation to Paris, to take part in a consultation on the Emperor's health; but that no definite invitation was given.

——At the Indiana State Fair at Indianapolis, on the 1st inst., a boiler exploded by which nineteen persons are reported to have lost their lives, while nearly one hundred were wounded. Among those who were killed, we see the name of DR. KEIGHTLEY of Greencastle.

——One hundred and ten thousand pilgrims are estimated to have assembled at Mount Ararat in the late Mecca pilgrimage, or about 25,000 more than in 1868. The public health is reported to have been perfectly good among the pilgrims, and in the neighborhood of Mecca.

——James M. Stout, a physician from Zanesville, Ohio, charged with practicing his profession without paying the special tax required by law, appeared in the United States Court lately. He entered a plea of guilty, and was fined $40 and costs.

——C. C. Cox, M. D., LL.D., late Commissioner of Pensions, has just been tendered and accepted the Chair of Medical Jurisprudence, in the medical department of Georgetown College.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

GRAFF—RICHARDS. In New York City, October 13th, 1869, at the residence of Wm. P. Kittredge, Esq., by the Rev. George Richards, Dr. M. B. Graff of Cincinnati, and Mary D., daughter of the late Channing Richards, of Washington, D. C.

GOSHORN—THOMAS. October 12th, at Trinity Church, Covington, Ky., by the Rev. D. H. Greer, Mr. Edwin C. Goshorn, of Cincinnati, and Miss Lillie, only daughter of Dr. C. F. Thomas, of the former place.

MARSH—SPEIGEL. October 5th, at Bethany, Pa., by Rev. Mr. Barnett, Dr. F. L. Marsh, formerly of Greensburg, Pa., and Miss Maggie Speigel, second daughter of Wm. Speigel, of the former place.

NOBLE—JOHNSON. At Christ Church, Cooperstown, N. Y., October 13th, by Rev. D. Hillhouse Buel, Rector, Mr. John H. Noble and Ella Elizabeth, only daughter of Dr. Parley E. Johnson, all of that village.

OLMSTEAD—DECKER. In Brooklyn, N. Y., on Tuesday, October 19th, by Rev. Joseph T. Duryea, D. D., assisted by Rev. T. L. Cuyler, D. D., Samuel H. Olmstead, M. D., and Sarah F. Decker, both of Brooklyn, N. Y.

SHEPARD—ROACH. Oct. 24th, at the First Reformed Church, by Rev. Joseph Kimball, D. D., Chas. H. Shepard, M. D., and Cornelia, daughter of Benj. H. Roach, Esq., all of Brooklyn, N. Y.

STONE—LEE. October 12th, by Rev. J. A. Kingsley, Mr. Ferdinand F. Stone and Miss Agnes C. Lee, only daughter of Dr. E. M. Lee, all of Urbana, Ohio.

WITHEROW—WILSON. October 5th, by Rev. H. Webber, assisted by Rev. D. W. C. Hervey, at the house of the bride's father, in Franklin twp., Beaver co., Pa., Dr. John M. Witherow and Miss Jenny Wilson.

DIED.

JACKSON.—At East Orange, N. J., October 21st, Frances Mary, wife of Dr. F. H. Jackson, formerly of Brooklyn, N. Y.

PHELPS.—In Brooklyn, October 17th, Dr. James L. Phelps, in the 85th year of his age.

QUERIES AND REPLIES.

Licenses.

MESSRS. EDITORS.: Please inform me, through the MEDICAL AND SURGICAL REPORTER, what the U. S. Revenue License is on a retail drug store; or is there any difference between the license of a retail liquor dealer and the license of a retail druggist? And have I, as a retail druggist, a right to keep and sell pure wines and liquors for medical purposes in quantities *not* less than half pints on the license of a retail druggist?

S. F. B.

For accurate information you ought to apply to the "Commissioner of Internal Revenue." We believe you ought to take out a license as retail dealer in liquor, and that then no other license will be required. The law is so long and complicated and badly worded we do not believe the people who made it know what it means. We would advise you, for your own safety, to take out the liquor license, as *any* infraction of the law subjects the offender to *imprisonment* without any discretion in the Judge to change the punishment to a fine, where the offence was committed ignorantly.

Chronic Ulcer.

MESSRS. EDITORS.: In reply to Dr. P. C. R.'s inquiry, (REPORTER, Oct. 9, '69) we would say: use *arsenic* till its physiological action manifests itself. We had several similar cases of many years standing, which yielded in a few months to Fowler's solution internally, and chloride of zinc paste locally.

Aromatic Syrup of Blackberry Root.

We have found the following a very good formula for preparing *Aromatic Syrup* of *Blackberry Root*. We do, however, not know if this or any other is recommended by the Surg. Gen. U. S. A.

Take of:

Blackberry root, bruised, 8 troy ounces.
Cinnamon "
Cloves and nutmegs, of each, bruised, 3 drachms.
Sugar 4 lbs., (commercial.)
Water, 4 pints.

Boil the root and the aromatics in the water for one hour; express and strain; then add the sugar, form a syrup, and again strain, then add:

French brandy, 6 fluid ounces.
Oil of cloves and oil of cinnamon, of each, 4 drops.

DOSE.—From a teaspoonful for a child of two years old, to a tablespoonful for an adult, repeated as occasion requires.

The above may be found in *Parrish's Pharmacy*.

Elixir of Bark and Iron.

An efficient and cheap *Elixir of Bark and Iron* may be made by the formula below. We have found it the best recipe for a country physician; of course we do not claim it to be THE BEST in use:

℞.	Pulvis cinchon.	℥ij.
	Aquæ,	Oj¼.
	Alcohol dil.,	f.℥ij.
	Tr. gentian comp.,	f.℥iv.
	Ol. cinnam.,	gtt. xxxij.
	Ol. carui,	gtt. xvj.

Macerate this mixture for fourteen days and filter; then add:

℞.	Aquæ,	f.℥xiij.
	Alcohol,	f.℥viij.
	Sacch. alb.,	℔. jss.

Substituting French brandy (Oj.) for the alcohol the flavor is still improved, but the expense of manufacturing considerably increased.

Ferri pyrophosphat, ℥j.

Dissolve these ingredients by a gentle heat and filter. It contains about one grain of pyrophosphate of iron and two grains of bark to a drachm. If we wish to combine the properties of nux vomica with this elixir, we simply add the tincture.

A. W. LUECK, M. D.
Mayville, Wis.

Dr. R. D. W., OF PA.: Meyers' recent work on Electricity, translated by Dr. Hammond, you will find new and good. We can send it you. Price, we believe, $5.00. On diseases of the horse, we believe Youatt is still pre-eminent. We do not know that gum diapers have any bad effects on children. Do you?

Dr. C. McG., TEXAS, writes that it is difficult to obtain "greenbacks" to send to our office, gold and silver being the circulating medium. We will not object to gold, and will *allow the premium on it*. It can be sent in *registered letters*, secured between cards. But drafts on New Orleans, Galveston or Eastern bankers can generally be obtained, if a postal money order office is not within reach.

WORDS OF CHEER.

Dr. J. D. OF MASS. writes, "In consequence of advanced age (73 yrs.) and impaired health.....I have been meditating whether it was not best for me to inclose currency to pay for the several numbers of the REPORTER that I have received, and discontinue my subscription for the reasons above named; but feeling so reluctant to give up the pleasure of reading the interesting reports of cases, etc., I have concluded to inclose a five dollar greenback, and continue for one year more."

METEOROLOGY.

OCT.	11,	12,	13,	14,	15,	16,	17.
Wind.....	E.	S. E.	W.	W.	S. W.	N. W.	W.
Weather.	Cl'dy	Cl'dy	Cl'dy	Clear	Cl'dy	Clear	Clear
	Rain	Sh'ry	Rain	frost	Rain	frost	
				ice			
Depth Rain	1 1-10		1 1-10		3-10		
Thermom....							
Minimum..	42°	45°	45°	35°	43°	39°	32°
At 8, A. M.	53	56	53	46	48	50	48
At 12, M...	61	72	58	58	61	54	57
At 3, P. M.	63	68	59	58	60	53	56
Mean.....	54.75	60.25	53.75	49.25	53.	49.	48.25
Barometer..							
At 12, M...	30.	30.	29.8	30.	30.	30.	30.

Germantown, Pa. B. J. LEEDOM.

NOV. 6, 1869.

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Original Department.

A LECTURE INTRODUCTORY TO HIS COURSE FOR 1869--70.

By Alfred Stille, M. D.,

Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

[concluded.]

Treatises and lectures upon "The Practice of Medicine" do not form an appropriate *introduction* to the study of medicine, for they presuppose the knowledge of a multitude of details with which a beginner is necessarily unacquainted. For example: The *causes* of diseases, their nature and mode of action; the significance of *symptoms* in themselves and also in their various combinations;—the natural *course* of diseases, their development, their rise and their decline, which are subject to laws as definite and as absolute as those which govern the successive stages in the natural growth and decay of plants and animals;—the very *idea* of disease, which students as well as non-professional persons are apt to imagine, is a something superadded to the body, like an evil spirit, whereas it is only an abnormal mode of being and acting of the normal constituents of the body;—the methods of *exploration* by which the condition, even of internal organs, may be discovered, but which any one who has not learned them by clinical illustration must find meaningless if not unintelligible;—the *lesions* of the various tissues which are always the same for the same kind of lesion and tissue, in whatever part of the body it may arise: all of these things, and more, must be learned by the student before he can thoroughly comprehend the descriptive details of any disease as they are presented in his text books.

Such knowledge can be obtained nowhere so well as by the direct observation of patients in the successive stages of disease, and by an examination of structural lesions in the dead body, of those alterations which represent the material, as symptoms represent the functional, departures from health in which disease consists. These two subjects are embraced in general pathology, and the study of them forms an appropriate introduction to that of clinical medicine, because they serve as keys to interpret the phenomena of disease, just as they and clinical medicine together form a natural prelude to the theory and practice, and the only means by which this ultimate object and crowning division of medicine can be rendered logical, or even intelligible.

For students who have had no opportunity for clinical observation I cannot conceive of a more dry, unattractive, and unsatisfying study than treatises upon the theory and practice of medicine. And although didactic lectures on the same subject may be somewhat less dull, and rather more intelligible, because delivered by a living teacher and appropriately illustrated, they lose one-half, at least, of their value, from being imperfectly comprehended by those who hear them. It were often as profitable to discourse of painting to the blind, or of music to the deaf, as to describe diseases to an audience composed of persons who have never frequented the sick nor learned to comprehend the phenomena of their diseases from the lips of an accomplished teacher.

It was long ago said that the whole Art of Medicine consists in the observation of disease;—but like every other art its culture involves the *methodical* application of the senses and the reason. A desultory, haphazard, and superficial observation will not answer; it must be systematic, minute, and thorough. It must not be a rapid impression, an instantaneous photograph, as it were, of the phenomena perceived by the senses. Knowledge is not to be acquired *per saltum*, by a sudden inspiration; it is rather to be compared to a portrait such as a true artist makes; the outline being sketched first of all, while the details, which really characterize the picture, are afterwards slowly, minutely, and therefore laboriously filled in. In every perfect system of clinical instruction this work is performed by the student himself at the bed-side, under the direction of a master in the art; his first awkward and incomplete sketches are retouched and corrected by the teacher, and, as he advances in experience, his records become fuller and more methodical, and more faithfully represent the original they were designed to portray. But during the hurried

and too often unsystematic, studies which American students are still obliged to pursue, there is very little time or place for such a training. The greater number begin to practice without having been disciplined in the interrogation of patients, or in the manual procedures which complete the investigation where verbal questioning necessarily stops. A few, comparatively, of the whole number are able to avail themselves of the advantages afford by private classes in the hospitals during those seasons of the year when they are relieved of the burden—often too heavy to be borne—of the official lectures which they are obliged to attend. Would that the privilege which the few enjoy, and which it is impossible for them to prize too highly, could be extended to you all, and that the most signal and most mischievous defect in our system of medical education might be forever blotted out. Would that instead of an enforced attendance upon two winter sessions in which the same lectures are repeated twice over to the same audience, confusing beginners, and wearying every one—would that it were possible to spread the courses over at least three years, so that not only several very important, but some even fundamental departments of medicine might be appropriately taught, as they then would be, to eager and not to surfeited hearers, and, and above all, that during the whole period students might be kept face to face with diseases, and learn to recognize every feature of them, their forms and phases, their powers and tendencies, and the weapons which are most efficient in overcoming them. Then, indeed, you would return to your homes, neither tormented with fears of being baffled in your first conflicts with the destroyer, nor, on the other hand, elated with an overweening confidence in your ability to cope with him successfully, which the present imperfect method is only too well fitted to inspire,—but, knowing accurately what you have to deal with, and equally well the limits of your power, you would advance to the conflict, not with a confidence in being able to carry off the victory in every case, but with a firm and rational conviction that what it behooves a skilful physician to perform, and what measure of success human skill may command, you will be entitled to accomplish.

But let us not be too hasty, nor let the confidence in our attainments be a mistaken one. Let us not ask of physiology, pathology, and diagnosis what they can no more give, than ploughing, manuring and watering can of themselves produce a crop of grain. Between pathology and therapeutics, between disease and the treatment of disease, there is a gulf over which no bridge has ever been erected, or ever will be. There does not exist between these subjects an organic and vital bond like that between the root and the body of a plant, but one of logical relation only, like that between the foundation and the superstructure of a house. Each is essentially independent of the other.

The practical product or fruit of the vast and intricate field which we have been surveying may be described by two words, the *diagnosis* and the *natural history* of diseases. By diagnosis we have prepared for us the special subjects upon which the powers of medicines are to be exerted, and by which their value is to be tested. In the natural history of diseases, or a knowledge of their course and termination we possess a *standard* by which we can measure the influence exerted upon them by the remedies employed in their cure. If, for example, we have learned that in a certain disease, treated without medicines, the duration is so much, and the mortality such a percentage, we then possess a standard by which the influence of a particular treatment on the duration and mortality of that disease can be fairly estimated.

But if Clinical Medicine involved no more than this, it would still be barren of really useful results, and the labor of physicians in investigating, and the annoyance of patients in submitting to the investigations of their diseases, would be labor in vain, and still worse, unpardonable cruelty. For what matters it to the patient that the physician learns, by manifold questionings and manipulations, the seat and the nature of his disease, if the knowledge thus acquired will lead neither to the mitigation of his suffering, nor the prolongation of his life? There have been, and are even now, a few physicians in every country where medical science is cultivated, who appear blind to this inexorably logical conclusion, and who contiuue to teach medicine, and even to practice it, while avowing their disbelief of everything in it beyond the sterile scientific elements that we have been considering. Such men may be philosophers and naturalists, and, by virtue of their diplomas, they may be Doctors of Medicine, but they are not physicians. Physicians are they who undertake the *cure* of diseases, and who, whether their knowledge of science be as little as that of Sydenham, or as great as that of Simpson, recognize, with these eminent men, that the cure of diseases is the sole object of medicine, as a branch of knowledge and as a distinct profession. It is such men whose example and precept should constantly be contemplated by students and young physicians, in order that they may not become blinded by the mists which imperfect, and sometimes falsely applied, science envelops medicine at the present day; and that they may not be tempted by false teachers to sneer at what they have neither had the opportunity to study, nor possess the requisite knowledge to criticize. Fortunately, the medical student, by virtue of his position, is generally inclined—perhaps too much inclined—to repose an almost unquestioning faith in his teacher. To such lengths is this homage sometimes carried, that the master's most trivial opinions are as eagerly noted as his weightier

judgments, and his magistral formulæ are more studiously recorded than the conditions which alone give them any value. If you would learn the real power and weakness of medicine, if you would witness its glorious triumphs and its sad defeats,—if you would acquire a just notion of its efficacy, one equally removed from the credulity of the vulgar and the scepticism of the scientific, you must study therapeutics where alone they can be judged and learned, at the bedside of the sick, and under the guidance of a competent teacher,—a teacher expert in solving problems compared with which those of philosophy and pathology are simple and clear; a teacher who unites to a wide and profound knowledge of disease, on the one hand, and of the action of medicines on the other, a clear, calm and cautious judgment,—which, however it may be enlightened by learning and experience, draws its chief inspiration from the the original peculiarities of the patient, and his actual condition at the moment of observation.

The results of clinical study are facts, i. e. truths, not absolute, indeed, but as nearly so as the imperfection of our senses and of our reason will allow. They reflect nature; and, although the mirror may not be wholly without flaw, nor mathematically perfect, it presents as true an image of nature as the materials of which it is composed, and our skill in using it, will permit. In forming our medical creed, if once we lose our hold upon clinical observation, all stability in our conclusions ceases; opinion succeeds opinion, and doctrine displaces doctrine without an advance in real knowledge; the systems of to-day are at war with those of yesterday, and will clash with those of to-morrow. Thus it happens that the whole history of medical opinion represents a turbulent sea, in which the waves are forever raging, now rising, now falling, as they are swayed by the moon, but never advancing beyond a certain limit. The results of clinical study, on the other hand, may be fitly compared to coral islands, which, arising from the depths of the ocean, are built by innumerable laborers, who are insignificant, perhaps, as individuals, but mighty through the final result of their labor, which grows by slow accretion, and in spite of the tempests of medical doctrines, until it forms the boundless continent of medical science and art.

Medicine, like other arts, cannot be subjected to rigid rules; its most successful exercise depends upon an especial aptitude, mental, moral, and physical. Some men are born physicians, and there are others whom no study and no experience will render skilful. Medical judgment is a gift, as peculiar as a musical ear, a mechanical hand, a graceful figure, the faculty of language, of calculation, of proportion, &c. Those alone who possess it will ever greatly excel as practitioners, although without it a physician may be distinguished as a scientific man. Indeed, if you consult the annals of medicine, you will observe that among the most scientific men few were eminent as physicians, and that great clinical teachers have rarely been celebrated for scientific attainments. This fact goes far to prove an essential incompatability between the qualities of mind which distinguish the two classes of physicians referred to —an incompatability like that between music and mathematics, or between poetry and logic. At the same time it by no means proves that by dint of study and industry a man of average abilities cannot earn his bread by the practice of medicine, just as it is sometimes possible for one to overcome, by diligence, obstacles which appear insuperable except by a miracle. Let me cite a single example. There was a young man of slender fortune and education, who, in consequence of a fall, became completely paralyzed in every limb, and so continued for many years, until his death. Yet this poor, helpless paralytic, by dint of will and perseverance, learned to write, to draw, and to paint, holding the appropriate instruments between his lips and teeth, and with them manipulating (if I may be allowed the expression) in a most marvellous fashion. Let us all learn from this singular example the wisdom of patience and the power of well directed industry, and if we have been denied certain faculties by Nature, let us endeavor to compensate for the want of them by a diligent cultivation of those we possess.

After what has been said it may seem almost superfluous to urge and admonish you to take advantage of every occasion of clinical instruction which occurs during your pupilage, whether in the wards of the hospitals during the summer, in their amphitheatres during the winter, in the dispensary services and clinics of the University, and in the practice of your private preceptors.

Whatever else you cultivate, pay especial attention to clinical medicine, remembering that for the greater number among you, your brief sojourn in the city will afford you the only opportunity you may ever enjoy of being properly instructed in this one indispensable branch of a medical education. Lose not one of the golden moments appropriated to its culture—they can never be recalled.

Gastric Juice as a Solvent.

The successful experiment of Prof. LUSSANA, of Lombardy, who recently destroyed an ulcerating tumor, of supposed cancerous nature, by means of gastric juice, has been spoken of in the *Practitioner* and other medical journals as something remarkable and novel. So far from this being a new discovery we can refer to a work published anonymously in London in 1818 on chiropody in which gastric juice is recommended as a solvent or discutient application to warts and corns. Thus again does one of the novelties of science prove to be an ancient idea revived.

Communications.

THE LONG TUBE IN INTESTINAL OBSTRUCTIONS.

By Thomas Hay, M. D.,
Of Philadelphia.

Remedies recommended for the relief and cure of disease are sometimes neglected from theories advanced in opposition to their feasible application and utility. But the practical use of a remedy affords the true way of ascertaining its value, and when well recommended, it should not be discarded unless it has been fairly tried.

The use of the long tube in intestinal affections was recommended more than thirty years ago by a practical observer, and it was then shown that the tube could be passed upward into the colon, and that the views relating to the danger involved were erroneous.*

This instrument has since found occasional favor in the treatment of intestinal obstruction, but the different opinions urged against its practical and harmless employment have tended to keep its advantages in obscurity, and partly account for the neglect which it has received. It seems that the principal objection made to it is a supposed impossibility of safely passing the tube upward into the colon. This is attributed to one or all of several reasons, which must be known to those who have given any attention to the subject.

By some, it is denied that the tube may be passed eighteen or twenty inches upward into the intestine; by others it is said it may be passed, but that it must be in the hands of a skilful surgeon; again, it is urged that the tube will bend upon itself at some point about the promontory of the sacrum, and its end will turn downward toward the anus; or, when the tube arrives at the seat of the obstruction, there is danger that it will rupture the inflamed or gangrenous tissues, and enter into the peritoneal cavity.

In reply to these views it may be shown, that if the necessary care is taken, the tube properly selected, and the forcing pump about to be described is employed, the tube may be introduced to the distance of twenty inches; through the sigmoid flexure of the colon, or to the seat of the obstruction, with little, if any difficulty, and without the uncertainty or danger that is supposed to attend the procedure.

If the tube should bend upon itself, it would not be possible to throw six or eight pints of liquid into the bowels with the forcing pump, without its escape through the anus during the process of injecting; for the pressure upon the sphincter ani, and distention of the rectum would be so great that the tenesmus would be intolerable. Even in the absence of other evidence, this should be sufficient to show that it may be passed the required distance without bending upon itself.

Doubtless, if it should be attempted to introduce the tube into the intestine without regard to the seat of the obstruction and stage of the malady, and the operator expected to cause it to ascend by main force, he would not only be disappointed, but serious injury would be inflicted if the patient should submit to the suffering that such an undertaking would induce.

Unless it is by inflation, there appears to be no recognized plan of active treatment in intestinal obstruction, which carries with it any small average of favorable results.

When this remedy fails, or is not suitable, the only resource usually had, is to useless injections given in the common way. In either event, if resolution does not occur, the patient must rely upon anodynes or sedatives, and go through a protracted and painful illness, and perhaps withstand the exhaustion incident to mortification and sloughing, or it may be, undergo an operation, which even if successful, leaves him in a condition disgusting and loathsome to himself.

Injections of liquid invariably fail from the inadequate means employed. As they are usually given, the rectum is first filled and distended, and the fluid rising from below upward, soon causes so much pressure and distention in this bowel that the procedure cannot be continued, and a comparatively small and inefficient quantity thus being used, the liquid must be confined to a low level in the intestine. Administered in this way, injections are seldom of avail, and from the annoyance and inconvenience to which the patient is subjected, their use should be discarded in the treatment of intestinal obstruction.

Inflation dates back to Hippocrates, and al-

* New Views on the Process of Defecation, &c., By James O'Beirne, M. D., in the Medico-chirurgical Review, No. XXXVII, London, 1833, p. 1, et seq. And On the Primary Causes of Strangulation, and on an Improved Mode of performing the Taxis, in Cases of Intestinal Herniæ. By James O'Beirne, M. D., Dublin, in the British and Foreign Medical Review, No. XII, London, 838, p. 558, et seq.

though discountenanced and even ridiculed, it has been more or less generally employed, and at the present day, no one would allow the opportunity to relieve an intussusception pass by without trying it. In the cases in which it is applicable its use is attended with more success than the injections of liquid that are usually given. But inflation is painful and tedious, and to a certain extent the objections to liquids as commonly administered, apply to it, and its use should be limited to those rare instances in which there may be some hope of cure after the injections given with the long tube and forcing pump have failed.

When the long tube and forcing pump are employed, however, liquid enemata offer advantages that are not to be had by the common way of injecting or inflation. Among the important considerations in favor of this method, is its wide range of application; its facility of effecting the maximum degree of distention; its power of exerting more effectual pressure; and its immunity from causing pain to the patient.

The distention of the rectum and pressure upon the sphincter ani are obviated by this procedure, and the retention of the large quantity of liquid that is usually required is secured. By this method the liquid is thrown far upward into the bowels; each downward stroke of the piston sends the stream of fluid considerably in advance of the end of the tube, and the intestine is filled from a very high point in its course downward toward the rectum. In this way more equable and effectual distention of the upper bowels, as well as upward pressure, are attained, and the downward flow of the liquid being easy of regulation, the enema is longer retained than when the common anal piece and syringe are employed.

Unless the obstruction is in the lower part of the large intestine, the rectum need not receive any of the fluid, until by peristalsis it gradually descends and enters this bowel previous to its evacuation.

The liquid being thrown high upward into the bowels is often brought in immediate contact with the obstruction, and early in the process of injecting, distention and pressure begin, and they are steadily increased by each homeward stroke of the piston until the obstruction is overcome, or the intestine yields to its fullest extent.

All the benefit may sometimes be obtained by a comparatively small enema, and the lower part of the large intestine being kept empty, any impediment that might arise from distention of the rectum is obviated. Even when it may be necessary to administer large distensive injections, all the advantages are usually had, without the necessity of filling the bowels to such an extent as to distend the rectum.

These injections are well borne, and great distention of the bowels may be obtained without being complained of by the patient. In those cases in which it is necessary to fill the rectum, as, when the lower part of the large intestine is obstructed, they are more effectual, and occasion less pain than when the bowels are injected from below upward.

The application of this remedy causes no pain to the patient, and if the obstruction is not successfully removed by its first use, the patient offers no remonstrance to its repetition.

The liquid may be injected in this manner to the full length of the large intestine; and I can hardly doubt that in some cases, in which I used this treatment, a portion of the fluid passed into and distended the small intestine.

But whatever may be the real fact with regard to the small intestine, the efficacy of this treatment for removing obstructions of the large intestine cannot be affected by it.

In cases of obstruction of the large intestine, the injection of liquid by means of the long tube and forcing pump will seldom fail of success; and in view of the uncertainty which often obscures the situation and nature of intestinal obstruction, there is no good reason to reject this feasible and harmless procedure, which may prove effectual, even if the obstruction is supposed to be beyond its influence.

Other treatment may be associated with it, or it may be discontinued and different means adopted; no injury having resulted to the patient from its use.

In cases of obstruction from an accumulation of impacted feces, the formation of solid concretions, intussusception, and torsion of the bowels, this remedy is invaluable; and in uncertain cases it may be successfully employed.

The most frequent, although least dangerous form of obstruction, is that which arises from an accumulation of impacted feces. This obstruction, as well as that arising from solid concretions is protracted and painful; but by

the treatment now recommended, very great and early relief will be given, and the affection cut short in its progress.

Obstruction from intussusception is frequent and fatal. In fatal cases intussusception is the most frequent cause. From a comparison of 600 necropsies of obstruction, Dr. Brinton concludes that 43 per cent. of the deaths are caused by intussusception, and that the varieties of intussusception have to each other the following proportionate frequency: Ileo-cæcal, 56 per cent.; iliac, 28 per cent.; jejunal, 4 per cent.; colic, 12 per cent.*

If these conclusions are correct, this means of treatment will be found to lessen the mortality from that cause. The degree of distention and upward pressure that may be produced by this treatment in cases of intussusception at the ileo-cæcal valve, and in the colon will, in many instances, effect a speedy cure.

Obstruction from torsion of the bowels, is no less affected by this procedure. Perhaps two-thirds of the fatal cases from this cause are in the large intestine, and the most frequent seat is the sigmoid flexure of the colon.

This variety offers no impediment to the effectual action of the remedy, and in all instances, both of torsion and intussusception, it should be thoroughly tried, rather than trust to a cure by the usual remedies; nature, or the knife.

In strangulation, caused by the passage of the bowel through some abnormal opening, as through a rent in the mesentery, mesocolon, or omentum, this treatment will alter the relations of the abdominal contents, and may facilitate the reduction of the tumor. When the bowels are to be emptied in obstructed irreducible and strangulated hernia, this procedure should always be employed in preference to the common way of injecting.

In obstinate constipation, with or without evidence of obstruction, this remedy affords a valuable means of relief; and in colic, purgative or anodyne enemata administered through the long tube, are more effectual than when the common syringe is employed.

In all cases the remedy should be resorted to as early in the attack as possible, and repeated according to the urgency of the symptoms.

The quantity of liquid injected need not be larger than six or eight pints, unless the obstruction should not yield, or its situation point to the small intestine, when the greatest quantity possible to be retained should be administered.

The injection should be retained as long as it can be borne, and in the meantime the abdomen should be manipulated. After one-half of the liquid intended for a single injection is thrown up, it is also a good plan to manipulate the abdomen before the remainder is injected.

The essential qualities of the liquid may have great bearing in a case; but, whether it is a common enema of water, tobacco, opium, belladonna, or turpentine that is to be administered, the long tube and forcing pump supply the only adequate means by which success may be attained; and no doubt inflation would be more efficient, and less painful than it usually is, if the air were injected through the long tube.

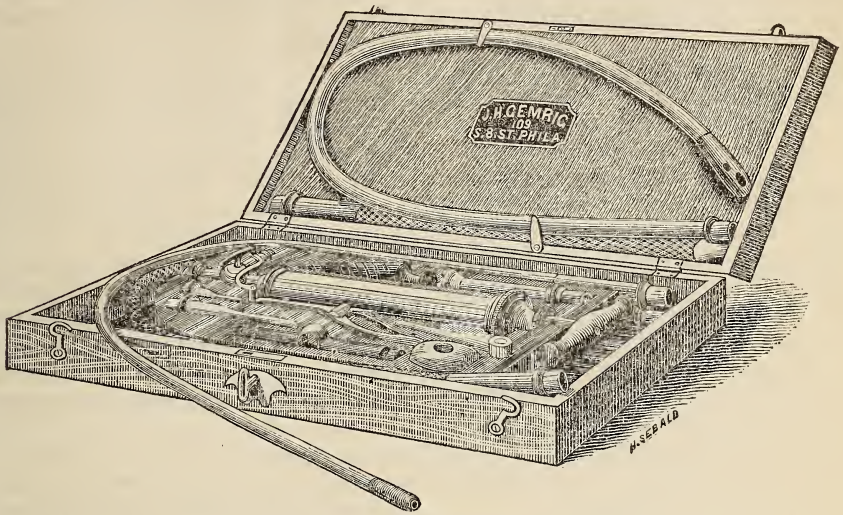
Of the liquids that may be used, oil of turpentine mixed with the yolk of eggs, and thoroughly incorporated with water, supplies an enema possessing advantages which give it a preference for general purposes. A liquid prepared from one-half to two ounces of the oil of turpentine, the yolk of an egg, three ounces of olive oil, and the requisite water, will be found efficacious for general use. This form of injection seems to maintain peristalsis in a condition favorable to promote cure; neither exalting it to excess, nor depressing it. It relaxes spasm, soothingly stimulates the intestines, promotes easy and free evacuations, without tenesmus, and gently stimulates the system. In the largest quantity it may be retained from fifteen to thirty minutes, and in some instances even longer.

As already intimated this procedure involves the introduction of the long tube upward into the intestine, through the sigmoid flexure of the colon, or to the seat of the obstruction, and the injection of a properly selected liquid, with the forcing pump. To accomplish this, the tube must possess certain qualities, the proper instrument must be employed to throw up the liquid, and some necessary points in the manipulation must be observed.

Having used this treatment in many cases, I shall describe the apparatus which I have employed for several years past, and shall refer to the points in the manipulation which must be observed in the introduction of the tube.

* Intestinal Obstruction. By William Brinton, M. D., Edited by Thomas Buzzard, M. D.; Lond., London, 1867, p. 88.

The apparatus combines all the requirements necessary for the proper administration of these injections, and may also be employed as a stomach pump. It is packed in a neat and portable case, which contains the long tube for the rectum, the spring lever forcing pump, stomach, and accessory tubes, and other appliances, as shown in the accompanying illustration, and may be purchased from Mr. Gemrig, No. 109 South 8th St., in this city.



The tube is twenty inches long, exclusive of the brass mounting at the lower end for attachment to the pump, three-eighths of an inch in diameter, and of such a degree of flexibility that it will conform to the course of the intestine by the heat of the body. It should combine with its flexibility a certain degree of stiffness, and have the upper end bulbous, with the opening at the point, and not at the side. The bulbous end should not be disproportionately large, compared with the diameter of the body of the tube.

Many of the tubes now made are larger at the bulbous end than convenience or necessity seem to require.

The pump is made of brass, of about four ounces capacity, with a small tube at the end, and one at the side. The communication between either of the tubes and the chamber of the pump, is controlled by a stop-cock arrangement, which is moved by a spring lever attached to the side of the instrument. The small tubes at the end and side of the pump are for the attachment of the long, and one of the accessory tubes. The accessory tubes are simply for the convenience of filling the pump from the basin which contains the liquid to be injected.

When the long tube is introduced to the necessary height, and one of the accessory tubes is placed into the liquid, and the attachments are made, the injection can be administered without changing the arrangement, or any interruption in the process.

Previous to introducing the tube it should be well soaped and oiled, for otherwise it will be arrested in its passage upward, either by the bowel or sphincter ani.

With the patient lying on his back, the thighs abducted and semi-flexed upon the abdomen, and the shoulders elevated on pillows, the tube is introduced into the anus and passed upward, with the point directed backward and toward the left, until it reaches the promontory of the sacrum, where it is usually arrested, when it should be drawn backward an inch or two, and while it is firmly pressed against the posterior margin of the anus it is again passed forward, and readily ascends beyond this point. Gentle, but firm forward pressure is then kept up until it is passed its full length, or meets with some point which opposes its ascent. This usually happens when it reaches the sigmoid flexure of the colon. The tube is then withdrawn as before, and pressed forward. This may be repeated, if necessary, in rapid and quick succession, and, if it is still opposed in its ascent, the tube is attached to the pump and again withdrawn a short distance, and as it is passed forward, three or four ounces of the liquid are thrown up, with gentle, but firm force. More than one or two efforts are seldom required to pass the tube beyond the promontory of the sac-

rum; nor is it any more difficult to unfold the convolution of the sigmoid flexure of the colon, or dislodge any mucous folds of the intestine. The promontory of the sacrum and lower part of the sigmoid flexure of the colon, are about the only points at which the ascent of the tube is opposed; but if any other presents itself, the same manipulation will overcome it, and the tube may be passed its full length, or to the seat of the obstruction.

Before the tube is introduced the situation of the obstruction should be ascertained whenever it is possible, and in no instance should attempts be made to pass the tube through it. Such efforts, even if successful, would not assist the treatment, but only do harm. When its situation cannot be accurately ascertained beforehand, and it is within the reach of the tube, the degree of resistance and the peculiar sensation communicated to the hand through the tube, when it is manipulated as directed, will always enable the careful observer to recognize the real obstruction from the ordinary obstacles which oppose its ascent.

When the tube comes in contact with the obstruction, or presses against the side of the intestine, and the piston of the pump is rapidly pressed downward, and allowed to ascend suddenly, the patient suffers pain, and the operator feels a sensation of compression and expansion of the liquid within the cylinder of the pump. In such case, the tube should be withdrawn a short distance, or turned on its axis, when the extremity will be freed, and the fluid allowed to ascend, unless the obstruction has been reached. In the latter event, the piston will be moved with less freedom, and if the tube is further withdrawn to allow the fluid to be injected, the bowel about the obstruction will be distended, and if the obstruction should not be previously removed, the fluid will descend in the intestine.

Before the liquid is thrown up, it is advisable to permit any flatus or fluid feces to escape. The liquid should then be injected slowly and regularly, but the piston should be pushed downward with sufficient force to overcome the slighter impediments of fecal matter, and to unfold and dislodge any mucous folds of the intestine.

The entire operation is simple and can be accomplished in less time than it occupies to describe it, but it is to be remembered that each step must be conducted gently and no violent force used, otherwise the end aimed at will be defeated, and unhappy results will follow.

If these directions are observed in the introduction of the tube, it may be safely and easily passed to the necessary height.

In conclusion, I desire to refer to two cases of obstruction, which resisted the usual remedies and steadily increased in severity, but were speedily cured by this treatment.

Case 1. A gentleman, aged 52 years, of previously constipated habit, on the 24th day of March, 1866, experienced severe pain in the abdomen, which was accompanied with positive constipation. On the fifth day of his illness I saw him, and found a distinct and well defined tumor in the right iliac region, which was oblong, and about three inches in length by two and a half in breadth and depth. The tumor was hard, and to some extent movable. The abdomen was tympanitic and painful. Pressure over the region of the tumor gave increased pain. The usual remedies were administered without relief. On the third day of my attendance—the eighth day of his illness—the abdomen becoming more distended, the pain increasing, with thirst and nausea; tongue rather dry; pulse frequent and feeble, and the patient refusing all nourishment; the long tube was introduced its full length into the intestine, and about six pints of the turpentine liquid were injected. The injection was retained about twenty minutes, when a portion of the fluid and some fecal matter were evacuated. During the day he had two more motions, which contained some lumpy feces. The patient had a comparatively quiet and comfortable night. The next morning the tumor was still distinctly felt, and apparently little diminished in size, but it was softer, and pressure upon it caused less pain. The symptoms of the previous day were mitigated, but the distress of the patient was still great, and the remedy was repeated. The turpentine liquid was injected through the tube, introduced to the same distance, as on the first occasion. By evening the patient had several copious evacuations and very decided relief. Each evacuation contained hard lumps of broken down fecal matter. The tumor was greatly diminished in size, and from this day forward rapid recovery followed. By the subsequent aid of a pill of compound extract of colocynth, extract of nux vomica, and extract of hyoscyamus, given at bed time, the bowels were moved daily, and in a few days the tumor entirely disappeared. The gentleman is now living and in good health.

Case 2. George A——, aged 23 years, was

uddenly taken very ill on the 25th day of pril, 1869, with violent pain in the right ypogastric and iliac regions, followed on the econd day by vomiting, which in a few hours ecame fecal. Although all the usual remeies except inflation had been faithfully emloyed, his condition became aggravated ithout any relief to the distressing symptoms. On the fifth day of his illness everything ndicated approaching dissolution, and he was n the following condition: Abdomen tense nd painful, with an indistinct tumor in the ight hypogastric and iliac regions, tongue dry, ulse weak and irregular, vomiting of fecal natter at intervals of from twenty to thirty minutes, extremities cool, and the skin clammy. At 9 o'clock, A. M., on this, the fifth day of is suffering, I saw the patient with Drs. SHOEMAKER and SCHOLFIELD, and with the consent of these gentlemen, the long tube was introduced twenty inches upward into the intestine, and about six pints of the turpentine liquid were injected. The enema was retained fifteen or twenty minutes, and then came away with some fluid feces mixed with it.

The patient's condition was unchanged by the remedy, and at 1 o'clock in the afternoon the tube was again introduced its full length, as in the morning, and about eight pints of the turpentine liquid were injected. Suddenly, while manipulating that portion of the abdomen where the tumor seemed to exist, the bowel started and slipped away from under the fingers, and from that moment the vomiting and acute pain ceased. In twenty or thirty minutes the bowels moved and fluid feces and some softened, lumpy matter were passed. During the afternoon there were two or three copious motions of a like character, and in the evening the patient, who had not taken any nourishment for five days, ate as heartily as he was allowed. Under the care of Dr Shoemaker he made a rapid recovery.

This may perhaps be said to have been a case of hernia. It was carefully examined in this respect, and I have lately seen the patient, and there can be no doubt that it was a case of ileo-cæcal intussusception.

As the result of the cases in which I have used this treatment, it may be safely said that the introduction of the long tube twenty inches upward into the intestine, through the sigmoid flexure of the colon, is a feasible and harmless operation, and that many cases of obstruction may be speedily cured, and protracted suffering and even death may not infrequently be averted by the use of liquid injections administered with the long tube and forcing pump.

1208 *Vine St., Philadelphia.*

Medical Societies.

COVINGTON AND NEWPORT, KY., MEDICAL SOCIETY.

October 12, 1869.

(Reported by Dr. J. W. Hadlock.)

This flourishing society meets on the evening of the second Tuesday in each month. Its meetings are characterised by interest and ability. Papers from time to time are read on various medical and scientific subjects, cases reported and discussed, and in short, every subject calculated to improve and advance the interest of science and the members of the society, is investigated. At every meeting (which is usually held at the residence of some one of the members,) an elegant supper is served up, which elevates the spirits, and makes glad the heart of the *thirsty* M. D.

Ergot.

On the evening of the above date, Dr. JOHN T. WISE read an able and interesting paper on the use of *ergot* as a *parturient*. He said that he was so fully convinced of its efficacy in those cases, that he would not know how to get along without it. That from its use in a practice of more than twenty years he gave it, expecting the peculiar results of its action with as much confidence as he expected to allay pain by the administration of morphine. He had never seen any unpleasant effects either to mother or child, follow its administration. Notwithstanding, on one occasion he was urged by an English midwife not to give it, as English physicians said that no child could possibly be born alive where ergot was given.

Dr. W. referred to a number of interesting cases which had occurred in his practice, where he had used the ergot, and he now looked back over an extensive field of obstetric practice, with feelings of satisfaction that he had so often used ergot with so much benefit and advantage to his patients. He felt certain that he had seen labor pains increase in frequency, and force from its use, and many difficult and tedious labors facilitated and brought to a happy and speedy termination.

Following the recommendations of authors, he had in the last few years used it in hemorrhages *after* abortions, and to check excessive leucorrhœal discharges, in both of which it had given entire satisfaction. Some of the best authors recommend giving ergot *just before* delivery, with the explanation that it facilitated the expulsion of the *placenta*. If it acts on the womb in one case, why not in all cases? He had often given it before birth when there was a

predisposition to hemorrhage, after the birth of the child, and always with the happiest effect.

Ergot had been highly extolled as a remedy in gonorrhœa, gleet, etc., but he had never used it in those diseases, and could not, therefore, speak of its value.

The above paper gave rise to an animated discussion in which a number of the gentlemen present participated. Some objected to claiming any benefit from the administration of ergot in obstetrics, on the ground that every obstetrical case had its own history, and they had often seen the same results follow the giving of ginger tea, whiskey, morphine, or in fact any stimulant, that is claimed for ergot, and that in those cases where it was claimed ergot had facilitated labor, that it was a mere accident and any stimulant would have produced the same result.

There was present Professor W. B. Wright, so long a teacher of Obstetrics in the Ohio Medical College, and whose age and experience entitle his opinions to more than ordinary consideration; who took decided grounds against the use and efficacy of ergot as a parturient, and controverted every claim made for it. He took the positive position that it had no influence over the womb to cause the contraction of that organ, and that where it had been experimented with on dogs, pigs, cats, etc., and caused abortions, that the uterus had expelled the fœtus, as a foreign body, after it had been destroyed by the ergot.

CINCINNATI ACADEMY OF MEDICINE.

October 18th, 1869.

ACEPHALOUS FŒTUS.

(Reported by Dr. Hadlock.)

Professor John H. Tate presented to the Academy an acephalous monster of about eight months. The mother gave the following history of her case: About the fourth month of pregnancy, while attending a camp-meeting, horses, hitched to a wagon near where she was standing, took fright and ran close by her, when she became very badly frightened and started to run, and a large dog ran after her and jumped upon or against her in such a manner as to very much increase her fright. After her recovery she got along very well, and was taken in labor at the end of the eighth month of pregnancy, when she gave birth to the specimen before you.

Dr. Bramble and others (of the section of anatomy) have carefully dissected the spine and cranium, and find evidence of a peculiar arrest of development.

The arches of the vertebra of the superior portion of the spinal column are wanting or imperfectly developed, having an opening or slit into the spinal canal posteriorly.

The cranium presented a peculiar appearance in consequence of an apparent deficiency in the bones bounding it above and behind. This portion was almost perfectly flat, running in a right line from a little above the eyes to the spinal column. On more minute examination and dissection the following abnormal conditions were observed.

The vertebræ from the first cervical to the seventh dorsal were imperfect, the arches being wanting in whole or in part, the deficiency increasing from below upwards, until at the upper part of the cervical portion there were only mere rudiments, and these projecting latterly instead of converging toward the median line; this lateral direction becoming more and more marked as the superior extremity was approached.

The spinal marrow began at the eighth dorsal vertebra, there being no nerve substance above this point; the membranes, however, continued up to the cranium.

The basilar process and condyles of the occiput were about the usual size, but there was no development of the expanded portion.

The parietal bones were very small, thick and quite flat, not at all concave and scarcely to be recognized, except by their position. The superior portion of the frontal bones were wanting, and the only portion of it present was the orbital plates, and a rim just sufficient to bound the orbit. The temporal, sphenoid, ethmoid, and bones of the face were about normal.

Most of the cranial nerves were visible in their natural position, but their origins were wanting, as there was no brain for them to arise from, nor was there any cavity to contain it, the bones of the superior posterior portions of the skull being so small and flat that they lay in contact with the superior surface of the base.

It will be observed that the bones containing the organs of special sense, temporal, ethmoid, anterior inferior portion of frontal, and bones of the face, were fully developed, and these organs seemed to be natural in size and general appearance, the nerves passing to them in the regular normal way, but having no origin in any nervous centre, for, as before stated, there was no brain, and no cavity to contain one. There was nothing to indicate that the missing parts were formed and afterwards absorbed, but everything went to show that it was a case of arrested development.

The specimen is interesting as showing the formation and growth of nerves and the organs of special sense without corresponding development of the nervous centre necessary for the performance of their functions.

There are two theories in regard to the condition of things found in this specimen—one is, an arrest of development from some cause or other generally not known. The other is, an arachnitis followed by effusion, and that in consequence of the pressure caused by the presence of the liquid, there had taken

place an absorption of the already developed brain, and a subsequent collapse of the vault of the cranium.

Erysipelas from the Application of Coal Oil.

Dr. MILLER (of this city) reported a case of a female patient, who was troubled with bronchitis. She had, at the suggestion of a friend, applied *coal oil* over the chest as a counter-irritant, which was proving to be worse than the disease.

The application of the oil had caused a very extensive erysipelatous inflammation, which was extending over the whole anterior part of the body and upwards to the face. He had never known such effects to follow the application of the coal oil before, and had spoken to a number of old practitioners in reference to the case, but they had not met with anything similar in their practice. What the termination of the case may be remains to be seen.

EDITORIAL DEPARTMENT.

Periscope.

Staphyloraphy.

In a report on this subject to the Illinois State Medical Society, Dr. Moses Gunn, of Chicago, gives some interesting statistics. He says:

Prof. Mussey, of Cincinnati, reports four operations, all on the soft palate. In one case, the patient attained perfect articulation; in another there was improvement; two were lost sight of.

Prof. Goldsmith, now of Vermont, reports seven operations, six of which were upon the velum, and one upon the entire palate; there was improvement in speech in five.

Prof. Hodgen, of St. Louis, reports three operations; one on complete fissure, and two on fissure of velum only. In one of the latter two there was decided improvement. In the first case mentioned, an obturator was being fitted at the time of writing.

Prof. Miner, of Buffalo, reports three operations, two for incomplete, and one for complete, fissure. In the latter, an obturator was used. Result—decided improvement in one case.

Prof. Marker, of New York, reports two operations, one of which was for congenital, and one for traumatic, fissure. In the congenital case, there was very slight improvement, while in the traumatic case, there was a perfect restoration of speech. These two cases are especially interesting and instructive, illustrating, as they do, the difference between the recovery of a temporarily lost power and the acquiring of an entirely new art, after maturity, and, at best, with but an imperfect organ.

Prof. Gross writes:—"I do not think that the speech ever improves very greatly after the operation, however successful. This, certainly, has been the result of my own experience, notwithstanding the pains which most of my patients have taken to educate themselves in articulation."

Prof. Parker has operated four times, in all instances, for fissure of velum only. He writes:—"In each case I was very much disappointed in the result upon articulation. There was no decided improvement. My disappointment was so great as regards improvement in speech that for many years I have refused to operate."

Your reporter can from his own experience enumerate only three successful operations, and honesty compels him to acknowledge that those were of no benefit to speech.

A little reflection on the subject will enable us to see why so small rewards should attend, or rather follow upon, this operation. The operation requires for its performance the cooperation of the patient; this is inconsistent with either an anæsthetic condition or that lack of courage and endurance which, as a general rule, characterizes childhood. Consequently, we are compelled to postpone surgical interference till about the period of dawning maturity. And, now, after a successful operation, at this late period, the poor unfortunate attempts to learn a new and really difficult art, and that, too, with an imperfect apparatus—a machine imperfect in one of its important constituents. The difficulties which attend his efforts, and which he must overcome, may be faintly appreciated when, after maturity, we attempt to articulate a new language, or correct, here and there, in our native tongue, a long-practised habit of incorrect pronunciation. The German, however intellectual by nature or cultivated by study he may be, finds it almost impossible to articulate some of the sounds of our language, as, for instance, the sound of *th*, while the American finds it equally difficult to express correctly the gutterals of the German. Add to these well-known difficulties a habit grown and matured with the individual of misarticulating each and every articulate element of a language; consider, also, that his machinery for articulation, though materially improved by the operation, is still far from perfect; remember how small is the proportion of really tractable or persevering men, and we shall cease to wonder at the small number who, after this operation, ever attain fair powers of articulation. As a merely surgical procedure, staphyloraphy is a feasable operation; but

as to its rewards, a reasonable doubt may yet be entertained.

A Case of Abortion.

The following sad case is recorded by Dr. HEISE of Joliet, Ills., in the *Transactions Illinois State Medical Society*. Would that it might prove a warning to others:

Mrs. A., aged 20, primipara. Dr. Heise was asked to visit this case in consultation with Dr. Bacon, of Lockport. Patient had been 24 hours in strong labor, with no progress. Dr. B. stated that he had not been able to ascertain the presentation, as he could not introduce the finger into the vagina. Dr. H., attempting an examination, found the canal completely occluded by a tense, firm membrane, about one-third of an inch from its external orifice. There was a small opening, sufficient to admit a good-sized probe, at the upper or pubic part of this membrane, but no justifiable force could make way for the finger. Through this opening the waters had discharged some 10 or 12 hours previously, since which time the patient had been in strong labor, with constant expulsive pains. The husband being asked if he had ever had complete connection with his wife, replied that "he had," but on being questioned closer, stated that he "had some time ago, but not recently." On being pressed for his knowledge of any cause for her present condition, he acknowledged that he had been married only about two months, that he had had sexual intercourse with his wife some time previous to their marriage, that finding herself *enceinte*, they had procured the services of an abortionist, who had operated upon her for 15 minutes with a wire, and pronounced the operation complete; that after this operation she was sick and confined to her bed for six week, purulent and bloody discharges taking place from the vagina.

Inasmuch as the passage of a probe through the orifice in the membrane showed a cavity beyond it, Dr. H. hoped it might be the only obstruction. On dividing it, however, he found still others, in the form of fibrous bands, stretching obliquely across the vaginal canal, interlacing with each other, the whole length of the vagina, and very firm and strong. Carefully dividing these, the fœtal head was plainly felt in the first position, and the patient was soon delivered of a healthy child. Severe inflammation of the vagina, womb, and peritoneum supervened, and she died on the ninth or tenth day thereafter.

Enlargements of the Viscera in Rickets.

Dr. DICKINSON read to the Royal Medical Chirurgical Society, recently, a paper on this subject. He says:

Certain organs of rickety children, particularly the liver, spleen, and absorbent glands, are apt to become altered in a manner somewhat analogous to the change which occurs in the bones. The liver increases in size so as to project palpably below the ribs. It becomes dense, elastic and pale. The most striking change in its structure is a morbid development of the portal fibrous tissue, which is often evident to the naked eye, circumscribing each lobule. The spleen undergoes in some cases an enormous increase, forming a hard tumor under the walls of the belly, which may reach from the diaphragm to the pelvis. It becomes hard and dense, and has a purple color, sometimes mottled with buff, on which the white Malpighian corpuscles conspicuously show. These changes are due partly to a swelling of the delicate reticulum in which the splenic pulp is immediately contained, and partly to an increase in the cellular and corpuscular contents of the meshes. The latter change, however, is not always present, since the corpuscles in some cases become atrophied, the spleen then being hard, but not necessarily increased in bulk. The absorbent glands are often considerably enlarged, owing to an increase in their cellular and corpuscular contents. The kidneys become enlarged and pale, owing to an increase of the epithelium in their convoluted tubes. None of the organs affected as described give any reaction with iodine. The change in the viscera is due not to the presence of any formation foreign to their structure, but to an irregular hypertrophy which alters the natural proportion of their tissues. The epithelial and corpuscular element is generally increased, while in the liver the capsule of Glisson, and in the spleen the trabecular tissue, are abnormally developed. It appears (so far as an analysis of the spleen can be taken as a guide to the general condition) that in the viscera, as in bones, there is a deficiency of earthy salts. The condition of viscera which has been described belongs especially to the first four years of life. It usually occurs in connection with the external signs of rickets, though sometimes the visceral precede the osseous changes; and it not seldom happens that the visceral change may be extreme when the modification in the skeleton is but slight. The rickety state of the viscera, like the alteration in the texture of the bones, is transient in its nature. Under favorable circumstances the affected organs have a strong tendency to recovery, and, even when swollen to the utmost, will occasionally return to their natural dimensions. The change in the viscera appears to interfere comparatively little with their functions. The swelling of the spleen, indeed, when considerable, is often accompanied by much anæmia, but the change in the liver is unaccompanied either by ascites or jaundice, and though the kidneys may be decidedly enlarged the urine remains free from albumen. When the visceral change has taken place to a considerable extent, the child is usually emaciated and anæmic, and is especially liable to be attacked by the diarrhœa, bronchitis, or pneumonia to which rickety children are prone. These affections constitute the chief

dangers to which it is exposed. The treatment found to be beneficial is that ordinarily called for in cases of rickets. The diet should be nutritious and carefully adjusted, consisting of milk, beef-tea, meat, and wine, according to the age and state of the patient, while medicinally cod-liver oil is a prime necessity, and iron and quinine seldom fail to be advantageous. The rickety change which has been described differs both pathologically and clinically from the lardaceous or amyloid change on the one hand, and on the other from the enlargement of the spleen and absorbent glands which has been associated with the name of Hodgkin.

The Perils of Fashion.

The *Lancet* inveighs in the following good set terms against one of the follies of modern fashion:

There is little need for wonder at the almost fierce contempt with which young men whose characters are at all above the lowest grades of conventional inanity regard the average "girl of the period." It cannot be denied that there is a significant correspondence between the æsthetic hideousness and the degrading effects on physical health which are produced by the tight stays and crippling boots, and a certain mental and moral tone in female society of the present day, which is no less surprising than it is repulsive. The whole dress and carriage of our fashionable women, for several years past, has been modeling itself, with less and less concealment, upon the ideal furnished by Parisian *lorettes* of the consumptive Traviata type. It is not our business to set up as moral censors. But we may be excused if, for once in a way, we find it impossible to ignore the logical though repulsive consistency of the *grandes dames* and citizenesses who are willing to spoil their lungs and their digestions, and endanger their chances of happy maternity, for the sake of a wasp waist; to talk slang closely verging on indecency, for the sake of the tenth part of a chance of catching a husband; and to simper and leer at the indecencies of a *Grande Duchesse de Gerolstein*, in order to escape the dreaded imputation of a deficiency in *chic*.

Senator Nelaton and the Microscopists.

The Paris correspondent of the *Lancet* says:

The *Figaro*, one of the well-known literary journals of Paris, issued a sort of album-number (*numero-album*,) containing short notes from several scientific and literary celebrities, which had been specially contributed to the number. Amongst them are a few lines from M. Nelaton; and as they have been much commented upon, and have already drawn forth a protest from a distinguished Parisian surgeon, readers will take some interest in perusing them. M. Nelaton was desirous, it would seem, to manifest his opinion in favor of the high value of clinical surgery in face of the growing pretensions of microscopical and chemical researches, and thus expressed his thought in the pages of *Le Figaro:*

"I am happy to see the rising generation refuse to follow those false appearances of exact and profound science borrowed almost exclusively from microscopical research, and attach itself to the study of surgery, based upon the great indications furnished by clinical observation. It is because they drew their inspirations from these principles that the great masters of the beginning of this century, and especially Dupuytren, the most glorious amongst them, have given to the French school that legitimate renown which it still enjoys throughout the whole world."

Surgical Treatment of Hepatic Abscess.

Dr. CANNON in the *Lancet* says:

Abscess of the liver is common at Alexandria, and occurs principally amongst the poor Greek population which resides in ill-ventilated and badly-drained dwellings, is poorly fed, and given to indulging in a bad kind of ardent spirits.

The plan of treatment now generally pursued is as follows: At the earliest suspicion of the formation of abscess of the liver, a long exploring trocar is plunged boldly into the centre of the hepatic dullness. It matters not whether this proceeding involve piercing the sac of the pleura, peritoneum, or both sacs. If pus issue, the abscess is partly evacuated, and allowed to discharge itself for some days through the trocar, which may be temporarily stopped by a plug. Adhesive inflammation sets itself up in the serous membrane around the trocar, and thus extravasation is of rare occurrence. When adhesion is thought secure, a drainage-tube replaces the trocar, and a gradual evacuation and contraction of the abscess follows; the process of cure varying from one to three or four months. This treatment, when applied to very large abscesses, which are easily recognisable, is less successful. The great point in the treatment is the *early* detection of abscess, and the consequent prevention of much destruction of hepatic tissue by its progressive enlargement. Occasionally it is found useful to wash out the abscess sac with solutions of carbolic acid or other applications.

In the small Greek hospital at Alexandria, I saw recently five cases undergoing this treatment under the hands of the enthusiastic young surgeon of the institution. They were in various stages of cure, and all were progressing most favorably. The rapid improvement which had followed, in each instance, the evacuation of the abscess was most remarkable. One case, of which the symptoms were obscure, yet marked as those of abscess of the liver by the experienced skill of the attendant, had been thrice subjected to the use of the exploring trocar without the detection of the abscess, yet had not in the smallest degree suffered from the procedure. Cases

of multiple abscess have occurred in which two or three collections of matter have been successively reached by the trocar. I was fortunate enough to witness at the same hospital the evacuation of a liver abscess which had burst into the pleura, and filled that sac with characteristic liver pus. The issue of this case was, of course, very doubtful. The measure of success which follows this bold treatment has been, I was told, very considerable, and, indeed, the many cases under treatment spoke for themselves, in the cheerful and hopeful look for the patients, and the rapid improvement which had followed the evacuation of the abscesses.

Prolonged Retention of Fœtus.

Dr. Buck in the *Transaction Illinois State Medical Society*, says:

Sometime in March, 1868, I was engaged to attend Mrs. M. in her confinement, which was expected about the 1st of April. She had been guided in her reckoning not only by the disappearance of her menses, but from her quickening, which occurred about the middle of November. A short time before her expected confinement, she accidently fell, felt sickened at the result, was alarmed, in view of the probable consequences, but was soon able to be upon her feet, as usual. She afterwards stated to me, that from that time, although there was no discharge of any kind, her size gradually diminished. She was kept in a state of continual supense, until June 28th, when, after a day's work at the wash tub, she was taken sick and sent for medical aid. Her sickness resulted in the expulsion of a fœtus, much shriveled, but not putrescent, and in size about the average for a six month's gestation. She recovered without any untoward symptom.

Snake Bite Cured by the Application of a Coal of Fire.

Dr. Perkins writes to the *Galveston Med. Jour.*:

While serving in the Confederate army I heard a very intelligent gentleman say that *firing* was the best remedy for the bite of a venomous snake. I never knew of the application of the remedy until a few days ago. A young man, 18 years of age, was bitten by a very large rattlesnake (five feet long) on the arm, above the elbow. A coal of fire was applied a short time after he was bitten. I saw him two hours after the accident, when he appeared very much prostrated and was vomiting every few minutes—pulse very small and frequent, complaining constantly of the burn, which was pretty severe. I gave him freely of diluted alcohol. His recovery was rapid and the swelling in the arm slight.

The question now is, did the fire do any good? I think it did; not only by destroying the virus, to a considerable extent, but also by producing a local incapacity in the veins and absorbent vessels to perform their functions. I think, in all probability, he would have died before the alcohol was given, if the fire had not been applied.

Reviews and Book Notices.

Diseases and Injuries of the Eyes; their Medical and Surgical Treatment. By George Lawson, F. R. C. S., &c. Philadelphia: Lindsay & Blakiston, 1869. 1 vol. 8vo. cloth, pp. 436. Price, $2.50.

No branch of medicine or surgery, no specialty in the whole domain of our science, seems to be cultivated with anything like the assiduity of ophthalmology, at least, if one may judge from the number of volumes, essays, journals, and articles which are written about it. Many of these works are ably composed, and are evidently the fruit of conscientious and keen observation, as well as extended practice. Such is this of Mr. Lawson. He is already well known in this country as a writer on ophthalmic surgery, and this volume will serve to extend his reputation.

It covers the ground quite fully, treating separately of diseases of the conjunctiva, cornea, sclerotic, iris, vitreous, humor, crystalline lens, retina, choroid, optic nerve, lachrymal apparatus, eyelids, orbit, anomalies of refraction and accommodation, strabismus, etc.

It is the sort of a volume which the general practitioner, who wishes to post himself on diseases of the organ with the smallest outlay of time and money, will do well to buy. It is neatly printed and bound, and has about forty illustrations on wood.

Annual Report of the Board of Regents of the Smithsonian Institution for 1868. Washington, 1869.

We always look with pleasure to the perusal of this volume, as it is sure to put within our reach some exceedingly valuable articles on scientific subjects, which we will not easily find elsewhere; and it also always contains a quantity of information about the doings of the scientific world abroad, of great interest to all who have faith in the spirit of the nineteenth century. The present number is not inferior to that of previous years in abundance and richness of contents, and will be welcomed warmly by students in almost every department of natural and exact science.

Transactions of the Nineteenth Anniversary Meeting of the Illinois State Medical Society. May, 1869. Chicago: 1 vol. 8vo. paper, pp. 150.

There are thirteen reports in this volume, and the minutes of the meeting. The report on Obstetrics, by Dr. H. B. Buck, is carefully prepared, and contains a number of instructive cases. That on Placenta Prævia, by Dr. B. H. Cheney, of Joliet; on Staphyloraphy, by Dr. Moses Gunn, of Chicago; and on Aphasia, by Dr. H. M. Hurd, of Chicago, are also especially worthy of mention. Much information of a local character is contained in the Report on Practical Medicine, by Dr. E. P. Cook. Dr. J. S. Hildreth and Dr. E. L. Holmes, contribute an article each on Ophthalmology. The volume closes with a list of members.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 6, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

NOTICE!!

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN THIS COUNTRY. If the leading Physicians and Surgeons of America do not write for the medical journals, as do those of Europe, we are determined that it SHALL BE NO FAULT OF OURS. We shall expect—*and have a* RIGHT *to expect, a commensurate support.*

For new subscribers we make the following LIBERAL OFFERS:

1. To any of our present subscribers who will send us a new name, a copy of the PHYSICIAN'S DAILY POCKET RECORD; and credit on books, etc., for more than one name, to the amount of ONE DOLLAR for each name.

2. New subscribers who remit $5, will be entered *to the end of* 1870. Those who send in their subscriptions *soon*, will therefore receive the REPORTER for FOURTEEN MONTHS for Five Dollars!

☞ Until there is a change in the Postal Laws, or in the Post Office arrangements, we shall be compelled to cease prepaying postage on the REPORTER after the close of this year. Prepaying subscribers will not, however, lose anything in consequence.

VAGUE THERAPEUTICS.

La medecine expectante is becoming one of the most dangerous fashions and follies of the day. The decay of faith in drugs has had a disastrous effect on the regular profession as well as on their patients. It has led students to disregard therapeutics and materia medica in favor of diagnosis and do-nothingism, which latter soon brings on know-nothingism. The divorce of pharmacy from medicine—a most disastrous separation for both arts—led to an ignorance of drugs, and this ignorance has naturally brought about a disuse of them.

Nevertheless the experience of ages remains the same, and if as a mass physicians do not appreciate the fact that *drugs cure diseases*, or do not avail themselves of it, the non-medical public will soon make capital of such obtuseness. If the inquiry is pushed, why patent medicine vendors have such success, it is because many of them deserve it. They take great pains to secure an excellent recipe for some common complaint, they purchase the purest and freshest drugs to compound it, and they assert and correctly assert that it will cure such and such a disease. A distinguished manufacturing chemist of Brooklyn explained on these grounds the great popularity of many medicines, and no doubt he is correct. If the regular physician is feeble in his faith in the curative powers of nature's products—the worse for him. The public have such a faith strongly, and are right in holding it.

Another misfortune which attends these lax and drifting notions about therapeutics is that a large portion of the current medical literature of the day, is practically worthless. We have huge volumes written on the Practice of Medicine which do not contain a single recipe. The directions for the use of remedies are wholly omitted, or stated so vaguely that they are next to worthless.

A long article recently appeared in a cotemporary on the advantages of "the alkaline treatment" in a certain class of diseases. What "the alkaline treatment" actually is, is nowhere stated. A few weeks since we borrowed an item from an English journal on the great success of the "cold water treatment" in epilepsy. We do not know to this day, for certain, nor could we learn from the source we drew from, any particulars or clear directions for the application of the water. Every copy of a medical journal will bear testimony to this neglect of ordinary and simple instructions. It is deemed, forsooth, that they are unnecessary. This is a great error. In reading a case we require to know precisely how much, in what combination, and at what intervals a drug was given, in order to form a correct opinion of its effect on the disease.

THE "DRY EARTH METHOD" IN COURT

It is rarely that a jury is called upon to decide on a new process in surgery, or the merits of a novel application to wounds. Such, however, was nearly being the case on the 16th of last month in this city, and the details of the case will have a deep interest for medical readers.

In June last a young woman, somewhat intoxicated, hurled a kerosene lamp at James Welsh, which struck the wall over his head, exploded, and covered him with burning oil. He was promptly removed to the Pennsylvania hospital, where by the direction of Dr. ADDINELL HEWSON the wound was dressed with dry earth daily. The patient complained of a great deal of pain and irritation in the wound, which led to an examination. The earth was found crusted and baked over the surface, and beneath this crust it was discovered that a large number of maggots had found a nidus, keeping up a distressing irritation. The man was walked down stairs, and necessarily exposed to some draft of outside air. The wound was washed by a continuous stream of water. Shortly afterwards tetanus supervened, and he expired.

The medical witnesses differed in their opinions of the severity of the wound, some maintaining they were slight, others that they were severe. Dr. Hewson testified that he considered them mortal. Certainly, however, the man did not die from the direct effect of the burn. The question was, was not the treatment the exciting cause of the tetanus?

There was a long cross-examination in regard to the effect of the "Earth treatment," the result being that the witness—Dr. Hewson himself—stated that the object in this case was to exclude the air, but other than this he was unable to tell the effect; that the pressure of this dressing did not affect the tissues beneath; and that the tendency of the earth dressing in a case of this kind is to assist nature.

Dr. H. C. CHAPMAN, who was Dr. HEWSON's assistant, testifies: "Dressed with dirt dressing right through, except glycerine and carbolic acid on one occasion; I think the dirt dressing increased the pain of the man; he complained to me about it, saying it pained him all the time except the first time I applied it, when he said it felt cool; he continued saying it pained him until the last time I spoke to him; I can't answer for what my chief did; if I was to make an application, it would be to relieve him, but I would not apply this dirt dressing; I only obeyed orders."

A number of other surgeons were called, but seemed to have no practical knowledge of the merits or demerits of the earth treatment. In opinion they seem to have disapproved of it.

Leaving aside other questions in this case, Dr. HEWSON appears to have granted on cross-examination that the only effect of the treatment at all sure is to exclude the air, and that it does so insufficiently, both Dr. CHAPMAN's testimony and the result prove. The charge of mal-practice was virtually withdrawn by the defence, so that we can examine the result and speak of the subject dispassionately without animadverting on Dr. H. The sequel was certainly against the method, and in this coincides with the position this journal has always taken. We have on several occasions had this treatment urged upon our consideration, but being of opinion that it was unreasonable and of very doubtful propriety, have refrained from advocating it or giving it prominence.

Notes and Comments.

☞ We would ask as a SPECIAL FAVOR, those of our subscribers who do not care to keep their files complete, or who may happen to have duplicates, that they return the following numbers of the REPORTER, of which we are very much in need, viz: 619, 626, 634, 651, 652, 653, 656, and 660. Full credit will be given for them.

Diseases of the Throat.

We shall shortly begin the publication of a very important series of illustrated articles, by Dr. J. SOLIS COHEN, of this city, entitled "The Laryngoscope and its Accessories in the Diagnosis and Treatment of Diseases of the Throat."

The "Compendium of Modern Therapeutics."

In our advertising pages will be found an announcement of Dr. G. H. NAPHEYS' work on *Modern Therapeutics*. This, we venture to say, will be the most thoroughly practical, useful, and indispensable book ever issued from the American medical press. For, after all, is not *treatment* the object of all medical study? And in this work the author collects into one convenient volume, the most approved and thoroughly tested treatment of the best teachers in the healing art, in this country and in Europe. The most recent methods, when of acknowledged value, are received, and careful, minute, thoroughly digested directions are added.

"Put some more Money into it."

It is said that many years ago the Proprietor of the *American Agriculturist* asked a friend of his, an old experienced Publisher, how he should promote the welfare of his journal. After sundry remarks, to the effect that people would in the long run patronize that journal which really contains the most valuable reading matter, and that the only way to secure this was to spare no labor or expense in obtaining the *best* men and the *best* information that money could buy, his friend closed by saying he would sum up his advice as to the way to make the *American Agriculturist* the best and most popular paper in the country—under three heads, viz: "1st. *Put money into it.*—2nd. *Put more money into it.*—3d. *Put some money into it.*"—That advice seems to have been followed. No other monthly journal or magazine is got up at a greater expense of labor and money than the *Agriculturist*. Every page shows this. Its beautiful, pleasing and instructive engravings cost about $1,000 in each number! Its ample pages are filled with carefully prepared reading matter, abounding in information useful to all classes, whether in city, village or country. A large force of the best practical men and women are constantly employed in gathering, and sifting, and condensing information. Yet while prepared at a cost exceeding that of the $4 and $5 magazines, the *American Agriculturist*, owing to the large patronage it enjoys, is supplied at $1.50 per annum, or four copies for $5, and at still less to large clubs. And those subscribing now get the paper from date of subscription to the end of 1870 at the price of a year. We advise all our readers to avail themselves of the opportunity, and subscribe now. They find it a good investment. The publishers are Orange Judd & Co., 245 Broadway, N. Y. City.

The *American Agriculturist* is really so good a paper that we make no apology for giving the above notice the benefit of our circulation, which we do, however, chiefly, because it illustrates exactly, our policy in conducting the MEDICAL AND SURGICAL REPORTER. We have not so wide a field to work in as the *Agriculturist* has, and can never hope to count *our* subscribers by the *hundred thousand* as it does, consequently we cannot publise at so low a rate as that and other literary journals do.

But we can, and do *put money*—all we possibly can—*into the Reporter*, and the constancy of old subscribers, and the influx of new ones enables us to put *more and more in every year*. After awhile we can put in all that we wish to.

☞ The *Agriculturist* will be furnished gratis to or for *any new subscriber* who pays a year's subscription in advance.

"Female Regulating Pills.

All of us who have glanced over the advertising columns of many newspapers, will have observed how frequently one sees those disgusting proclamations which inform the female public that So and so's pills will promptly remove any irregularities in females; but that no married woman should use them, as they *invariably prevent pregnancy*. We are glad to see that in his charge to the Grand Jury last month Judge Ingraham, of New York, called attention to the law passed at the last session of the State Legislature for the suppression of the trade in obscene literature or articles for immoral use, and obscene advertisements of patent medicines. He told the Grand Jury that it was their duty, if any violation of this statute was brought before them, to present the party for trial. We hope that this will be done, and that those newspapers which are notoriously pandering to public immorality will be brought up "with a round turn."

——The College of Physicians and Surgeons began its sixty-third session on the 4th inst. Two new features have been added to the course—a clinique on the diseases of children, and a clinique on genito-urinary diseases. Prof. J. W. McLane (Yale, '61) made the opening address.

Correspondence.

FOREIGN.

The International Medical Congress.

(Special Correspondence of the MEDICAL AND SURGICAL REPORTER.)

[We take pleasure in laying before our readers the following full account of this important Congress. The account is more complete and recent than any yet published in this country.—EDS.]

FLORENCE, ITALY, October 6, 1869.

EDS. MED. AND SURG. REPORTER:

The International Medical Congress, which has been holding its sittings in this city during the last ten days, and which has been attended by a considerable number of foreign physicians, and by some 160 medical men from all parts of Italy, has labored under the disadvantage of taking place almost contemporaneously with the International Statistical Congress at the Hague. In the discussion of the latter body, questions of public hygiene are justly made to occupy a prominent place; and it is precisely questions of this class, which, likewise, give to the proceedings of the Medical Congress their chief general interest. It can, therefore, scarcely excite surprise if many of the eminent men of science of Northern Europe, engaged in such studies, have not found their way to Florence, from the simple fact, that they could find their way more easily to the Hague, and could secure, by their presence there, results identical with those which they might hope to accomplish here. It is almost superfluous to observe, that the general and permanent causes which render it more difficult for the members of the medical profession, than for those of any other class, to abandon, even temporarily, their associations, have not been without their

necessary effect in limiting the number of foreign physicians and surgeons who have repaired o Florence, and, in some cases, in hastening the departure of those who came. Still, in spite of these special and general impediments, the Congress can boast of the presence of Professor Bouillaud, Professors Lazarevitch, Bartsh, Besse, Buttern, Dujardin, Ebstein, Furnikel, Girard, Jaderholm, Mendel, Pascal, Tollbry, Zimmermann, Lombard, Herzen.

The Florentines had not been wanting in all the necessary preparations to receive,—they displayed an assiduous courtesy in the entertainment of their guests — government placed at their disposal, for the daily public discussions, the oratory of the Ministry of Public Instruction; the manager of the great hospital of Santa Maria Undia caused a suite of apartments, attached to that establishment to be most elegantly fitted up for the soriees of the members; the Minister of Public Instruction, Barjoria, formally inaugurated the Congress in an admirable speech; the Prime Minister, Count Menabrea, hospitably entertained the more distinguished at his table. The Florence medical body entertained them all without exception at a magnificent banquet in the *hotel de la Paix*, the best hotel of Florence; Commandatore Perazzi did, in person, the honors of the city, in particular of the Florentine pantheon, Santa Croce; and the managers and concessionaire,—MM. Damiani and Cesaica, of the renowned mineral baths and springs of Monte Catini,—the Vichy of Italy,—placed special trains at their disposal to convey them to that spot, and, on their arrival there, did, along with the local authorities, every thing that good dinners and wines and speeches and cheering and military parades and music and illuminations and fireworks could accomplish to give them a hearty welcome. The demonstrative and dramatic side of such proceedings, in Italy seldom leaves any thing to complain of, but in the present instance the real value of the demonstrations lay in the reflection of genuine hospitality and kindness, and I have heard but one voice as to their reception from the foreign visitors to the Congress,—a voice of grateful recognition for the social courtesies which enlivened and gilded their serious work.

That work may be summed up as follows: After De Rengi, of Naples, had been appointed the regular President, and two honorary Presidents had been united with him in the persons of Bouillaud, of Paris, and Bufalini, of Florence, the regular work began by by discussion of the various questions which had been placed on the order of the day. In order to save time it was found advisable to suppress the readings of entire memoirs, and to give merely the conclusions on which the debates then took place. Accordingly, at the second meeting, the Congress occupied itself with the conclusions of the memoir presented by Roth, of London, on the causes of mortality of children in manufacturing cities and on the remedies for the same. Lombard, of Geneva, brought forward in this discussion a mass of statistics proving the greater mortality of infants in warm than in cold climates; a mortality greatly heightened in the south of Europe by two causes—by the custom of carrying new-born infants to church for the purpose of baptism, and by the particular influence of the malaria. His discussion was followed by one originating in a paper of Crispino, on hydrophobia, which passed into a general discussion on poison and on the benefits derived in the treatment of poison, as bites, from the use of ammonia and of vapor baths.

Much of the remarks of the next speaker, Professor Tommaselli, af Catania, on the cachenia cardiaca, was lost from the low voice of the speaker, so that one could only give a guess as to its character from the few critical remarks which it called forth from Bouillaud.

At the opening of next day's meeting, the 25th, the President communicated a letter from Professor Parlatore, the director of the Museum of Natural Science and History, inviting the members next day to that establishment for the purpose of there witnessing certain experiments and being made acquainted with certain researches—closely bearing on their common object. The invitation was unanimously accepted. Then commenced a discussion on the papers presented by Profs. Pantaleoni, and Salvagnolo on marsh miasma. The second of these medical men, holding the theory that the miasma originates in the mixture of fresh with salt water, whilst the first maintains that its cause must not be salt in that mixture, but rather in the putrefaction of vegetable substances thereby generated. This is an inquiry, I need scarcely say of vital importance, in Italy; but I am compelled to state that its treatment at the International Medical Congress was singularly inconclusive—no other result, after all being secured than the appointment of a commission to inquire into the whole matter.

The discussion nearly took a very polemical, and even political, character, for Professor Cipriani, of Florence, wished to extend it to the question of rice grounds and to the expediency of the latest Italian legislation on that subject.

The remainder of the same days' sittings was filled up by a discussion between Professor Baccelli, of Rome, on the one hand and Professors Herzen and Schiff of Florence, on the other, on the part to be assigned to the spleen in the function of digestion. Professor Baccelli repeated a theory which he had already published last June in the *Imparziale* under the title of "A new Function of the Spleen" where he maintained that the spleen with its vasa brevia is to the peptic cells of the stomach what the vena portarum is to the cholagogue cells of the liver. Dr. Herzen whose critical

observations already published in the *Imparziale* had not been taken into account by Professor Z. Baccelli rose and repeated them; his objections were first that Baccelli's ideas were not at all new, but might be found in almost the same words, in several old writers. Amongst others, in the 6th volume of Burdach's Physiology, it was shown that the analogy with the Vena portarum could not be maintained, because conclusive experiments had a few years ago been published by Professor Schiff, proving that the secretion of the bile continues if the blood of the renal artery be artificially led into the ramifications of the different veins of the liver. The analogy therefore would consist in the fact that the spleen is not more indispensable for the formation of pepsin than the blood of the vena portarum for the formation of bile.

But thirdly, as Professor Bacelli evidently admitted, the blood of the vena portarum is indispensable for the secretion of bile, the necessary exclusion of less analogy is that the blood coming from the spleen is indispensable for the secretion of pepsine,—a theory, said Dr. Herzen, entirely false, because many experiments have proved that in animals well restored after the extirpation of the spleen the secretion of pepsine not only continues but the digestive power of the stomach is greater than in normal animals; so that if the spleen has anything to do with the quantity of pepsine secreted by the stomach, it is to be considered not as contributing to the formation of the gastric fermentation, but on the contrary as hindering the production of a maximum quantity of the same.

On these two rival theories a very animated discussion arose, which was important not only in itself, but from its bearings on the still more important inquiries subsequently made known relating to cancer, which the experiments of Professor Schiff have stimulated in an extraordinary degree.

The morning sitting of the 23d was divided between the treatment of two topics:—The succor to be given to the wounded in actual warfare, and the improvements to be introduced into hospitals. On the first point, some most extraordinary bulletins were read from Marshal Vaillant and Dr. Champouillon, showing the utter inadequacy of the medical and surgical assistance during the French campaign in Italy in 1859.

The afternoon sitting was held in the Royal Museum of Natural History, where one of the Professors, Schiff, read a paper which will, probably, be considered as the most important contribution rendered to the International Medical Congress of 1869, and the science which it was intended to promote. After a long and careful series of experiments, Professor Schiff has established, that whilst great danger attends the attempted reduction of cancer by the application of the gastric juice, no such dangers are involved in the application for the same purpose of the pancreatic juice, which is found only to affect the unhealthy tissues. Professor Schiff illustrated this conclusion not only on proportions of bodies to which the two juices had been applied, but by a living patient, in whom all the more alarming symptoms of cancer had, under the application of the pancreatic juice, disappeared. The loud cheers of the Congress testified to the unanimity of approbation with which the members greeted these researches.

At the sitting of the 29th, the discussion on Hospitals commenced the previous day, was continued and brought forth many interesting points of comparison between the arrangement and ventilation of the various European hospitals, much admiration being expressed in particular for those of Russia.

At the afternoon sitting of the same day the services rendered to public health by Professor Barelli in the establishment, now greatly diffused, of sea-side hospitals for the scrofulous poor, were generally acknowledged.

At the morning sitting of the 30th, the statistics transmitted by Professor Tassi, director of the Romon hospitals, on the special effect of railways on health, were regarded as very startling; they established that Europe presents an average annual number of 350,000 sick, and 4000 killed, without counting accidents, solely in consequence of railway influences. The statistics presented by Professor Alcaleo on the relative mortality amongst the inmates of the different stories of houses in Palermo, were not less suggestive. In the period between last February and June, 1192 individuals died in Palermo; 605 on the ground floors, 365 on the first floor, 119 on the second floor, and 104 on the third floor of the houses. Nothing can more luminously illustrate the relative health of the higher strata of air in continental, especially Italian, cities.

The sitting of the 1st of October was remarkable for the statistics which it elicited on the vast preponderance of female over male births announced in Italy to the local authorities—a preponderance so large as to suggest the probability that in order to evade the conscription, many male children are registered as female.

The subsequent proceedings were of a purely formal character relating to the arrangements for the next Congress,—to be held at Vienna, and, as I have already had occasion to mention, a most delightful pleasure trip to Monte Catini on the 3d instant, wound up the proceedings of the Congress by a generally appreciated and admirably arranged fete.

——Bismarck, according to various correspondents, has delirium tremens, bilious fever, Bright's disease, neuralgia, rheumatism and boils. Another correspondent says he is in "excellent health."

News and Miscellany.

To Keep Pure Air in a Sick Room.

The following simple arrangement will remedy the evil of foul gas, generated by burning a kerosene lamp all night in a nursery or sick room:

Take a raisin or any other suitable sized box, that will contain the lamp when set up on end. Place the lamp in the box, outside the window, with the open side facing the room When there are blinds, the box can be attached to each by leaving them a little open and fastening with a cord; or the lamp box can be nailed to the window casing in a permanent manner. The lamp burns quite as well outside, and a decided improvement of the air in the room is experienced. Try it. —*Scientific American.*

——A German photograher has invented a method of making seals and stamps with the portraits of his customers. A thin layer of gelatine, sensitized with bichromate of potash, is exposed to the action of light under a photograph positive, by which the parts acted on are rendered insoluble in water. The gelatine film is immersed in water, and the parts not acted on by the light swell up, and we obtain a picture in relief of which a plaster cast can be taken. A galvanic plastic copy being taken of the cast, we have a metallic fac simile of the photograph, which can be employed as a seal. This process suggests a method of obtaining perfect likenesses of persons in metallic checks for the use of the printer, and also an admirable way of illustrating scientific books.

——The clebrated Nelaton, doctor and senator, was sent for recently to Mullhouse, to vist Mr. Dollfus, the Mayor of the city, who was somewhat indisposed. Nelaton arrived in the morning and went back in the afternoon. Cost to the indisposed Dollfuss, 3,000 francs. What must have been the Emperor's bill, who, during his late illness, had both Nelaton and Fauvel—bardly less celebrated—thrice a day for more than a month?

——In 1863, Dr. Eben Swift, a surgeon in the United States Army, was traveling with his family on the Hannibal and St. Joseph Railroad, when the whole of his baggage, instruments, &c., was lost, has obtained a judgement in the United States Circuit Court of St. Louis for $6,537.50.

——Dr. T. P. Andrews, a native of Vermont, aged 50, and a boarder at the Stevens House, New York city, was a few evenings since found dead in his bed, supposed from an overdose of chlorodyne.

——Dr. Wm. Bell, a well known physician of Xenia, died on the 11th inst., at the age of seventy, wanting eighteen days. He was a native of Pennsylvania, but had lived in Green county since 1810.

——Bellevue Hospital Medical College has opened under very favorable auspices.

——Six insane brokers, results of the recent "gold corner," are announced in New York.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

Britton—Stillwell. At the Madison Square Church, New York, Oct. 25, by the Rev. T. Ralston Smith, D. D., Channing M. Britton and Isabel, second daughter of J. E. Stillwell, M. D., all of that city.

Stuart—Lynch. October 13th, 1869, at the residence of W. P. Hill, Knightstown, Ind., by the Rev. L. B. W. Shryock, J. H. Stuart, M. D., of Spiceland, Ind., and Miss Annie M. Lynch, of the former place.

DIED.

Carvallo—At Jefferson, Marion county, Texas, October 10th. 1869, Joseph Buckner Bayliss, infant son of Dr. Carlos Carvallo, U. S. Army, and Emma de Carvallo, aged 3 months and 14 days.

Denison. In New York, October 28, George Burlingham, youngest son of Dr. E. and Ellen K. Denison, aged 5 years and 10 months.

Dodd. At Bloomfield, N. J., October 26, Isaac D. Dodd, M. D., aged 70 years.

Houghton. In New York, October 27th, Asahel Houghton, M. D., aged 61 years,

Timmonds. In New Corydon, Ind., October 8th, Dr. Geo. W. Timmonds, in his 28th year.

WORDS OF CHEER.

Dr. A. J. C., of New York City, writes: "I most cheerfully recommend the Reporter and the Compendium to the profession, and do not see how a live American physician or surgeon can do without them."

Dr. S. A., of Kansas, says of the Compendium: "It typographical beauty and variety of subjects treated is not excelled by any foreign publication. I was pleased with No. 3, but am delighted with No. 4, especially as it treats largely of subjects by American authors."

QUERIES AND REPLIES.

Dr. A. H. McF.—Texas:—We can furnish back volumes of the Reporter, at $2.50 per volume, unbound, and $3.50 bound. If a considerable number of volumes should be taken there would be a deduction from that price.

The Nebulizer of Dr. Sass, or one acting on the same principle, can be furnished at a cost of about $7.

METEOROLOGY.

OCT.	18,	19,	20,	21,	22,	23,	24.
Wind.....	W.	S. W.	W.	S. W.	S.	S. W.	W.
Weather.	Clear	Cl'dy Rain	Clear Frost Ice	Cl'dy Rain	Clear Frost	Cl'dy Rain	Clear
DepthRain				1-10		5-10	
Thermom....							
Minimum..	39°	38°	30°	29°	37°	40°	42°
At 8, A M.	50	48	45	44	49	52	50
At 12, M...	55	50	49	52	56	60	54
At 3, P. M.	56	49	51	53	59	61	53
Mean.....	48	46.25	43.75	44.50	50.25	53.25	49.75
Barometer..							
At 12. M...	30.1	30.1	30.2	30.1	30.1	29.9	30 1

Germantown, Pa B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 663.] PHILADELPHIA, NOVEMBER 13, 1869. [Vol. XXI.—No. 20.

Original Department.

Communications.

ARTIFICIAL RESPIRATION.

By Sumner Rhoades, M. D.,

Of Lowville, N. Y.

Marshall Hall directs the patient to be rolled sixteen times a minute alternately on his stomach, and on one side, pressure to the thorax and abdomen to be applied when he is lying on his stomach. Dr. H. R. Silvester places the patient on his back, with the shoulders raised, and the tongue drawn forward. He then alternately lifts the ribs and sternum by extending the patient's arms up by the side of his head, and then compresses the sides of the chest by the patient's arms. Pacini, of Florence, in Italy, has a method, "which consists in placing the patient on his back, on a table or bed, the operator having his abdomen against the head of the patient, placing his hands in the axillæ on the dorsal aspect, and then pulling the shoulders toward him with an upward movement at the same time. The shoulders are then relaxed, then the former movement, and so on alternately." Dr. W. P. Bain (standing, I suppose, at the head of his patient,) "places his fingers in the axillæ in their front aspect, with his thumbs over the outer ends of the clavicles, and draws the shoulders towards him. On relaxing his hold, the shoulders and chest return to their former position, and so on with alternate motion."

The Ready Method, as that of Marshall Hall has been called, was published in April, 1856, and was everywhere hailed with enthusiasm. When Dr. Silvester's method was published in 1858, it suggested to me the one I have ever since practised, and which is as follows: Wherever I find my patient, I lay him on his back, place myself at his head, put my hands under his shoulders, and my fingers in his axillæ; then whenever I myself inspire, I draw and lift his shoulders toward me; and whenever I expire, I let go the shoulders, and with my own hands firmly press the sides of his chest. Meantime I have an assistant open the mouth, and see if the tongue has fallen back from the lower incisor teeth, and if so I have him draw it out, using for the time his thumb and finger. If the process has to be long continued, I presently resign my place to some strong, intelligent bystander, cautioning him not to work too fast, while I look after the use of the galvanic battery, friction of the extremities, and sometimes enemata of capsicum and ammonia. If, when the shoulders are lifted, I see that the chest is not proportionately elevated, I suspect obstruction of the glottis by the tongue. If need be, I use a tenaculum to hold the tongue forward, rather than pinch it between the upper and lower front teeth, as advised by Silvester; for, as the nares are likely to be partially obstructed by frothy fluid, the mouth should be kept open. Once, on a river bank, some distance from any dwelling, having with me no tenaculum, I passed a threaded needle through the tip of the tongue, a lady present supplying me thread by unraveling the hem of her dress. I ought instead to have borrowed a garter, and with a pin made of it an elastic band to pass over the tongue and under the chin. Upon a child born asphyxiated at Ithaca, N. Y., August 4, 1860, I thus kept up artificial respiration twenty-five minutes before there was the slightest effort at a natural inspiration. But I was all the time assured of success by the improvement in the complexion, which showed that my work was effecting oxygenation of the blood. In 1861, I thus unavailingly kept up artificial respiration in a drowned boy, while on a skiff,

and in an express wagon, going to his father's house. In August, 1865, after apparent death from amputation of the thigh, chloroform having been given, a patient of mine, by artificial respiration thus practiced, was temporarily resuscitated, so as to speak aloud, intelligently, and repeatedly, to the profoundest astonishment of physicians, and all others there present.

Marshall Hall's method, no doubt, led the way to the more efficient one of Silvester; and that suggested the one of Pacini, and the similar one of mine; while that of Pacini suggested Dr. Bain's. The three last I deem preferable to Silvester's, because of the awkward and unnecessary use he makes of the patient's arms, and the difficulty he must occasionally experience from rigidity of the muscles. Pacini's and Bain's methods (my first knowledge of which was obtained a fortnight ago from Dr. Butler's COMPENDIUM) are, I think, inferior to mine, in that they do not aid the patient in the process of expiration.

I was led to criticise Dr. Silvester's plan, because (1) in reducing dislocation of the hip, I had experienced the advantage of making extension from the femur, rather than from the ankle. (2.) I had observed the relief given to the exhausted, parturient woman, by pressing one's hands firmly on the top of her shoulder during the last pains of labor. (3.) I like directness of purpose, and hate all roundabout ways of doing things.

Once seen, my method of artificial respiration is instantly understood, easily remembered, and readily practiced, by any person of ordinary intelligence.

Leroy, whose experiments antedate those of Marshall Hall, enforced expiration by compressing the chest with bandages, then, relaxing these, he trusted to the resiliency of the costal cartilages to expand the chest, and so to secure inspiration. He appears to have taken no care to guard against obstruction of the glottis by the tongue. So early as 1829, he effected artificial respiration by applying the interrupted galvanic current directly to the diaphragm. His efforts were praiseworthy, and not unfruitful; for, besides stimulating the investigations of Marshall Hall, they led Dr. Charles Kidd, in 1865, to Faradization of the phrenic nerve and diaphragm, whereby he resuscitated a woman apparently dead from chloroform.

There have been various plans for inflating the lungs by means of bellows and tube. But they are not without danger of injury to the lungs, and the apparatus cannot always be at hand. Even when present, Dr. Marcet, one of their advocates, advises "to begin with the Ready Method, in order to lose no time." M. Marchant proposes to insert a tube, like a tobacco pipe, in one nostril, closing the other nostril and the mouth, and blowing through the tube. This process, which can succeed only in case the glottis be unobstructed, is not new. It was, in 1817, minutely described in Hosack's edition of "Thomas' Practice," page 729. Allusion is also there made to Hunter's bellows, "which is of such construction, that by one action, fresh air is thrown into the lungs, and by another it is thrown out again, so as to imitate, or produce artificial breathing." Would not Dr. Dewees have found, in the suction power of Hunter's bellows, the desideratum for his new-born patients, when, in 1826, he says, "Might not a properly constructed syringe be highly useful in removing (from the trachea) the obstructing mucus?" What solid pleasure good Dr. Dewees must have taken in manipulating his little pets, when placing the child's mouth downward, and holding the body and hips higher than the head; at the same time gently shaking the child, so as to disengage any mucus that may be lodged in the trachea, and permitting it to flow from the mouth; then patiently inflating the lungs of the child, by forcing air into them from his own, and next expelling it, by pretty firm pressure on the thorax, by which means he believed that he had saved the lives of many children.

Dr. Dewees knew the fact, but not the reason, of the injurious effect of the warm bath during the interruption of all respiration. Some interesting experiments made by Dr. B. W. Richardson, of London, and others; by Dr. Joseph G. Richardson, of Union Springs, N. Y., attest the value of hot air, internally and externally, when applied at the same time as artificial respiration.

Dr. C. Handfield Jones, in March, 1869, details a postural mode of inducing artificial respiration in asphyxiated children. He says, "I laid him down on his back, and made pressure on his abdomen; then raised him upright on his seat, and so on alternately."

Dr. Billman, of Neustadt, writing in 1867, eulogises catheterization of the trachea and suction, not only for the removal of obstructing mucus and foreign bodies, but as a means of

resuscitation in all forms of suspended animation. In the asphyxia of new-born children, Dr. Lowenhardt uses "a pump and a fine India rubber tube, ten inches long, with catheter openings at the end. This tube is inserted by the aid of a fine stilet into the trachea, in the following way: "An assistant, with thumb and finger, presses the neck above the larynx, closing the œsophagus, whilst the operator depresses the tongue with his forefinger, and slips in the tube. This tube is then attached to the aspirating pump, which is used to draw out the obstructing fluids; then air is gently introduced."

Is not this process adapted to some cases of croup, diphtheria and scarlatina? I think it is; at Elmira, in 1842, I rescued from inevitable death a boy of twelve years, by passing curved forceps into the larynx and drawing thence a mass of stringy mucus. This was in a case of scarlatina. The patient was a son of the late Mr. Hammond Sly, and I believe that he is still living.

As a further means of resuscitation, Dr. B. W. Richardson has well said, "The great desideratum now is an improved method of artificial circulation of the blood."

Medical Societies.

HUNTERDON COUNTY (N. JERSEY) MEDICAL SOCIETY.

The District Medical Society for the County of Hunterdon, N. J. held its semi-annual meeting at the house of G. F. Crater, in Flemington, on Tuesday of last week.

The President, Dr. S. Lilly, being absent, Dr. C. W. Larison, First Vice President, took the chair. The minutes were read and approved, when the roll was called and the following members were found present: Mathias Able, Quakertown; N. B. Boileau and John Blane, Perryville; W. S. Creveling, Stanton; I. S. Cramer, Sergeantsville; Nathan Case, Asbury; Levi Farrow, Middle Valley; I. R. Glenn, Readville; J. A. Huff, Bloomsbury; G. H. Larison, Lambertville; J. S. Linaberry, Tewksbury; C. W. Larison, Ringoes; H. B. Nightingale, Flemington; T. H. Studdiford, Lambertville; O. H. Sproul, Stockton. Dr Hulshizer, corresponding delegate from Warren County, was cordially received. Dr. Decker, of Flemington, was invited to a seat with the society.

Dr. O. H. Sproul read an essay on "Scarlet Fever," for which he received a vote of thanks from the society. Dr. N. Case was appointed essayist for next meeting. The subject for discussion at next meeting is "Scarlatina and its Treatment." Dr. Sproul was chosen to open the discussion, Dr. Cramer to follow.

After the ordinary routine of business, and the admission to membership of Drs. Thompson, Cass, Ludlow and Huff, the society adjourned to dinner.

After dinner the society met and finished the business of the day, and after returning a vote of thanks to G. F. Crater for his generous hospitality, the society adjourned to meet at the County House at their annual meeting in April, and went to the Court House to attend the lecture of Prof. Cook, the State Geologist.

VERMONT STATE MEDICAL SOCIETY.

The annual meeting of the Society took place at the State House, Oct. 20th. In the afternoon, papers were presented by Dr. L. C. Butler, of Essex, "on the uses and abuses of alcohol," and one by Dr. A. T. Woodward, of Brandon, upon "the uses and abuses of the speculum," which were read and discussed. The report of the delegates to the Medical Department of the University of Vermont was presented.

In the evening the annual address by the President, Dr. J. S. Richmond of Woodstock, was read, and was replete with useful information to members of the profession.

The remainder of the session was consumed in the verbal reports of cases.

The following officers of the Society were elected for the year ensuing:

Henry Janes, *President*,
Abram Harding, *Vice President*,
J. E. Macomber, *Treasurer*,
L. C. Butler, *Secretary*.

West Virginia Medical News.

We learn that a call for the formation of a second State Medical Society, in West Virginia, has been extensively signed. Without being closely acquainted with the profession in that State, we have many subscribers there, and know that as a rule the profession there are well educated and highly respected. What therefore could induce such a departure from precedent, and prompt to a step certain to be followed by strife and animosity, we cannot imagine. The present Society is recognized by the American Medical Association, and has always born a high reputation. We hope that any existing difficulties can be arranged without resorting to this step.

—The Butler County, Ohio, Medical Society held its fourth quarterly meeting for 1869, in the Court Room, Hamilton, Ohio, October 14th, Vice President Dr. John Carson in the chair.

Editorial Department.

Periscope.

Death by the Bursting of a Soda-Bottle.

W. Scott Thorne, M. D., of San Jose, reports this singular case in the *California Med. Gazette:*

August 20th I was called to see a man, whom the messenger said "had his throat cut." On reaching the house I found a middle aged man lying on the floor surrounded by a pool of blood. On the left side of the neck was an irregular wound, extending from the upper margin of the thyroid cartilage, two or more inches downward, and from the median line an inch and a half transversely. The hemorrhage was excessive, and in order to control it until assistance could be obtained, I grasped the soft parts deeply above and below the wound along the course of the great vessels. Drs. Cary, Cory and Turner soon came to my aid, when we endeavored to ascertain the precise nature of the injury and secure the bleeding vessels. The hemorrhage from the region of the clavicle and deep tissues of the neck was so profuse, that we were unable to recognize anything satisfactory, although aided by compression and rapid sponging. Thinking, perhaps the common carotid might be the seat of injury at a lower point, we enlarged the wound downward by an incision through the integument to the sternum, and by careful dissection exposed the common carotid as far as practicable. No injury to this vessel was found. The blood issued from beneath the clavicle and sternum, and I now introduced my fingers into the wound and endeavored to compress the subclavian artery against the clavicle, but to no avail. The terrors of our patient's situation were relieved by prolonged syncope from which he never rallied.

Examination after death revealed the cause of hemorrhage to have been a complete severance of the external and internal jugular veins, the superior thyroid artery as well as the inferior thyroid and vertebral, about half an inch from their origin. The left pleura had been penetrated, and its cavity was full of blood. A rent was also found in the subclavian vein. The common carotid artery had escaped injury. Notwithstanding the appalling hemorrhage that must have ensued upon the reception of this injury, the subject walked, unaided, more than an eighth of a mile. The lesion was necessarily fatal, and the case is one of little surgical importance, and I am only induced to report it in order to show the terrible nature of accidents incidental to the process of filling glass bottles with carbonic acid water, and with the hope that some additional security may be suggested for the better protection of those engaged in the business. The large French-glass soda bottles, five-sixteenths of an inch thick, are at present filled with a patent French apparatus with a pressure of 125 lbs. The bottle is surmounted by a metallic cap that closes with a spring when full. The workmen have heretofore been accustomed to protect the face only with a delicate wire screen, leaving the entire body exposed to those terrible missiles, that are liable at any moment to be hurled with deadly violence against their persons.

Dislocation of the Elbow—A New Method of Reduction.

Thomas Waterman, M. D., Boston, gives the following new method in the *Boston Med. and Surg. Journal:*

Faithful trials of Sir Astley Cooper's method of bending the arm over the knee, and Mr. Skey's method of extending the forearm directly downward in a line with the upper arm, failed to produce any effect.

I then succeeded in reducing the dislocation by bending the forearm backward beyond a straight line, when, without any extension downward, the ulna returned to its normal position with a slight shock. An internal angular splint was applied, and evaporating lotions recommended. In eight days the splint was removed, the patient allowed to carry the arm in a sling and to execute slight motions in the joint daily.

The *modus operandi* of this method is as follows, viz: when the ulna is dislocated backward at the elbow without fracture of the coronoid process, the latter occupies the olecranon depression of the lower end of the humerus, and often requires considerable force to remove it from its abnormal position. By the method above described, the forearm is used as a lever, with the power (hand of the surgeon) at one end, the fulcrum (olecranon) at the other end, and the weight to be moved (coronoid process) between. As the forearm is extended backward beyond a straight line, the olecranon impinges against the lower end of the humerus and becomes a fixed point or fulcrum; by continuing the forced extension, the coronoid process is lifted out of the olecranon depression of the humerus, and when this is accomplished, the tonic contraction of the brachialis anticus muscle restores the ulna to its natural place.

Bromide of Potassium Pushed to its Full Extent.

The following narrative, not by a member of the profession, is given in the *Brit. Med. Journal.* The narrator is the patient:

It was in June, 1867, that I began taking the bromide; the daily dose being then, I think, about twenty grains. It very soon caused the cessation of the "lapses" (*petit mal*); and, in order to make sure, and stop the greater evil also, I went on increasing the dose (hardly with Dr. M.'s permission, and yet not against his orders) till at length I should think I must have been taking seventy grains a day, perhaps sometimes eighty. The first symptom of overdoing the thing that I noticed was the profound and yet disturbed sleep into which it seemed to throw me. I always awoke with a mental struggle and effort, not knowing at first where I was, or what had become of me; in fact, as I told Dr. M., I seemed to have gone too far down into the gulf of sleep. Side by side with this, but, of course less noticeable to me, was the enfeebling of mental power. A little page in my accounts, which I should usually prepare and balance in half an hour, took me two or three evenings' weary work. But the worst thing was the tendency to talk "Mrs. Malaprop" English, substituting one word ending in "tion" for another, in a most provoking and yet ludicrous way. I had once to write some letters reminding people that their subscriptions were due, and I had the misfortune of having my letters (I think one or two of them) brought back to me by a clerk, who pointed out to me that I had written "contraction," or some such word, instead of "subscription." I cannot just now remember any more instances; but this difficulty in getting and keeping the right word (though the right idea was present to my mind) is very vividly, and not without humiliation, present to my recollection. Soon, of course, my wife and partner saw the change in me, and attributed it to the right cause. I went from home, and for a time dropped the medicine. In a week, my host said, "Why you look ten years younger than when you first came." The stoop in my figure, the slow uncertain speech, and other bad symptoms, especially the heaviness in the eyes, were gone, and I felt quite myself again. I am still taking the medicine, but now never exceed forty grains a day, often taking only twenty; and, if I find the slightest touch of the "Mrs. Malaprop" difficulty, I reduce the dose at once.

The Hypodermic Injection of Morphia as a Remedy for Obstinate Vomiting.

JOHN KENT SPENCER, M. D., writes to the *Brit. Med. Journal*: I have recently found the hypodermic injection of morphia useful in removing or relieving obstinate vomiting arising from three distinct causes.

1. Mrs. E., aged 24, in the sixth month of her first pregnancy, consulted me in July. Vomiting had been troublesome during nearly the whole period of pregnancy; latterly, no food whatever had been retained, except, now and then, cold fluids. The bowels were constipated, but, in other respects the health was fairly good. After a single purgative dose of calomel, a quarter of a grain of morphia was injected under the skin of the arm. Iced milk and soda water were kept down immediately afterwards. I injected the morphia on two subsequent occasions, using one-third of a grain each time. There has been no return of the vomiting, and she has since taken every kind of food without inconvenience.

2. Mrs. P., aged 58, came under my care about the middle of August. She had long suffered from frequent vomiting, even when the stomach was apparently empty; much frothy bilious fluid was brought up. There was no distinct evidence of organic disease, though there was clearly a large dilatation of the stomach; there were plenty of odd nervous symptoms, and the case had been dignified as "hysteria" by good medical authority. No remedies had done any permanent good, but the injection, every evening, of a third of a grain of morphia has greatly tranquilized the system, and there has been scarcely any vomiting since this plan of treatment was begun.

3. Mrs. T., a middle-aged married woman was suffering from *brandy-sickness*, the result of secret drinking. A grain of opium, given every hour, relieved a *quasi*-delirium, but the vomiting was not checked until I had administered two hypodermic injections of morphia, each dose being a quarter of a grain. She then began to take liquid food, and the appetite soon returned; but the same cycle of events will, no doubt, quickly come round again as her habits are incorrigible.

I do not speculate on the action of morphia in these cases, as my desire, now, is simply to record facts.

But it is remarkable that when I began to use morphia hypodermically, more than nine years ago, sickness was often a troublesome sequel. And if further experience should confirm the success of morphia, when given in this way, in removing the vomiting of pregnancy, when everything else has failed, the induction of premature labor will happily become an alternative very remote.

Chloral Internally.

M. DEMARQUAY, at the last meeting of the Academie des Sciences, made a communication on the properties of chloral, in continuation of a previous one. On this occasion his researches relate to the human subject, he having administered chloral twenty times, combined with syrup of tolu, a spoonful of syrup containing one gramme of chloral. The quantity administered was from one to

five grammes, and the taste was not found disagreeable. Of the twenty experiments, six proved negative as regards the production of sleep, one of these patients, 35 years of age, who had undergone excision of the knee, only obtaining a light sleep of three quarters of an hour after taking five grammes. On the other hand, a woman, enfeebled by organic disease of the uterus, enjoyed, on two different occasions, a peaceful sleep during the whole afternoon after taking only one gramme. The susceptibility to this agent, and the duration of the sleep produced, have in all cases been found to bear a direct relation to the debility of the subject.

In fourteen cases in which complete sleep was obtained, it generally commenced in from fifteen to thirty minutes after taking the chloral. The sleep so produced is a light one, in no wise resembling that induced by chloroform. The slightest noise awakens the patient, but he instantly goes to sleep again. The slightest prick or gentlest pressure calls forth a moan, and the part of the body touched is drawn away. M. Demarquay cannot venture to say that there is actual hyperæsthesia of the surface, but certainly the sensibility of the skin is entirely preserved, however deep the sleep may be. Thus the employment of chloral in operative surgery would be useless; but it has been found of great service in producing immediate and prolonged sleep after the completion of an operation. But while the sleep induced in several of the patients was calm and tranquil, in others it was restless and disturbed by dreams and hallucinations. This was especially the case in women suffering from painful organic affections of the uterus, accustomed to large doses of opium. In these cases the sleep was prolonged, but agitated, and accompanied with cries, the patients eagerly demanding their usual morphia injections. Next day, these patients seemed unconscious of their restlessness overnight. As in some patients two or three grammes of chloral will give rise to a sleep that is prolonged for hours, it is of importance that food should be given before administering it in such cases. Under the use of chloral given in the doses indicated, neither the pulse, respiration, nor temperature has exhibited much variation. In several cases the amount of secretion of urine has increased, and some patients passed urine involuntarily in bed. M. Demarquay is still pursuing his researches on this substance, and thus far he comes to the following conclusion: 1. Chloral possesses a very marked hypnotic action, especially in weak and debilitated persons. 2. The duration of its action is in direct relation to this feebleness. 3. The sleep produced is in general calm, being only disturbed in those who are the prey of severe suffering. It seems most suitable for affections in which it is especially desired to induce sleep and muscular resolution. 4. It may be given in considerable doses, since from one to five grammes give rise to no ill effects.

Strong Coffee in Calculus.

C. R. HARRIS, M. D., of Staunton, Va., writes to the *Medical Bulletin:*

Doctor C., aet. 36, was attacked 10th Sept. last, with intense pain over the region of the left kidney, and along the course of the corresponding ureter, the result of the passage of a calculus. He had frequently, previous to the attack, passed several small lithic acid calculi, with his urine. The attack was violent, and his suffering almost intolerable. Chloroform was used frequently to anæsthesia, and also internally in liberal doses, with tinct. opii and morphiæ sulphas, with sinapisms and hot hip bath, with only temporary relief.

All seeming to fail, the following treatment was adopted with prompt and permanent relief:

Half a pound of strong ground coffee was added to 12 teacupfuls of hot water, which was boiled down to nine. One teacupful was ordered hot every 20 or 30 minutes, until 8 were administered, which gradually brought on perfect relaxation and complete subsidence of all pain. He has felt not the slightest evidence of a return of the attack up to this time, Oct. 10, 1869. We have not the time, if prepared, to dwell upon the modus operandi, but give the facts for the profession and the benefit of medical science.

Primitive Surgery.

Prof. ANDREWS says in the Chicago *Medical Examiner:*

The first care of the Apache medicine-man, is to have on the field of battle some fresh boughs of the ash, whose leaves are used in the dressings. Quite as important, also, is a quantity of the mescal root. The latter is a nutritious root, which is roasted and carried with them as food. When it is chewed and the nutritive part extracted, there remains in the mouth a wad of woody fibres, like a plug of coarse tow. The doctor first lays on the wound a fresh ash leaf; he then places on it a plug of the chewed mescal fibres, and thrusts the whole into the wound a plan which in narrow wounds must often be very useful, but rarely of any benefit in gunshot injuries, as the latter seldom bleed. It would seem that they are not content to leave the tampon quietly in its place, but deem it important to change it frequently. After one of the battles in New Mexico, where some twenty or thirty savages were wounded, the U. S. surgeon found the Apache field hospital, and discovered in it about a bushel of the bloody mescal plugs, which had accumulated from their constant change of dressings. After this process has been continued until they deem the danger of hemorrhage entirely over, the next step is to go deeper, for the first plugs were only pushed into the orifices of the wounds. They now fill the entire track of the arrow or bullet to its extremity, with a tampon, which they allow to remain a short time.

Finally, they remove it, and complete the cure by the application of herbs externally. All this treatment is accompanied with a suitable amount of superstitious mummery.

Toxic Action of Quinine.

Dr. Edward Garraway, of Faversham, writes to the *British Medical Journal:*

I was called last month to a lady, aged 40, in previous good health, who had been suddenly seized with œdema of the face and limbs, accompanied by an unusual erythematous rash. She had considerable uneasiness in the præcordia, and was in a state of great alarm. Certainly there was sufficient cause, for she was greatly disfigured, and her arms felt ready to burst. Her idea was, that she had been poisoned by a white powder, which she had procured at a chemist's, in mistake for quinine, and of which about a grain had been taken in a glass of wine. I taxed her with having eaten fungi, shell-fish, decomposing cheese, and other unwonted articles of food, but she pleaded guilty to none of these things. On bringing me the remains of the white powder, it proved to be pure sulphate of quinine. I repudiated the idea of this having done her any harm. After three or four days, the œdema and the rash subsided, but the skin of the face scaled off, and there was peeling of the hands and feet, as after scarlatina. My patient remaining somewhat enfeebled, I, unreflectingly, ordered a quinine mixture, by way of tonic. Two hours after taking the first dose—two grains—she sent for me, exclaiming, "Oh, you have poisoned me with quinine again." To my infinite chagrin and mortification, all the former symptoms recurred.

I doubt if I have omitted prescribing quinine any day for the last twenty years—in this locality it is largely needed—and this is the first instance in which I have recognized any ill effect, beyond headache, resulting from its administration.

Graefe.

In a letter from Dr. Beard to the *Medical Record*, the following account of this distinguished physician appears:

The many friends of Graefe in America will regret to learn, that his health has been so feeble that he was obliged to suspend active labor and flee to Switzerland. I was informed, however, by one of the assistants of his clinique, that his affection, which was of a pulmonary character, has been so far relieved by change of air and scene, that there is a good probability of his return to the duties of his profession.

The popularity of Graefe among the masses of the people is, I think, unparallelled in the medical history of modern times. It is to be accounted for partly by the fact that, although of noble descent, his sympathies have been with the people; partly by his well-known clinique, where 6000 patients are annually treated; partly by a personal magnetism that both fascinates and inspires, and partly, also, by the good fortune in having been born in a land where scientific men are better appreciated, and more highly honored than in any other nation of our times.

A distinguished writer, matchless in sarcasm, has said of Westminster Abbey, "that it contained many monuments without a name, and many names without a monument." The same remark will not so truly apply to modern Prussia, for here the laurels are prepared for men of thought as well as men of action, for philosophers and thinkers as well as for kings and generals, for those who save life as well as for those who destroy it. Even Berlin, fresh in the excitement of a victorious war, seems, by no means, to bring the first fruits of its affection to the altars of royalty, at least, so far as can be judged from the numberless pictures, photographs, and other similar expressions of the popular feeling that abound in the streets and shops of the city. Far above the names of King William and Bismarck, and surmounting them, as the dome of a cathedral surmounts its minarets and towers, is the name of Alexander von Humboldt. Such popularity of scientific men is unknown in America or in England. They here accord to Humboldt the honor which we are accustomed to bestow only on military deliverers and distinguished statesmen, and the shop windows and bookstores of Berlin display almost as many remembrances of that great leader in sciences as New York presents of Washington and Lincoln.

Next to Humboldt, the scientific name which is dearest to the masses of the people in Berlin is that of Graefe.

Treatment of Snake-Bites.

Dr. G. B. Halford has published an article on the treatment of snake-bites by the injection of ammonia into the veins. He says that, in order to avoid the fallacies and difficulties attending the poisoning of dogs by snake-bites, he has injected the snake-poison subcutaneously, and in only one instance out of many has he failed to produce the effect of the poison. As to the manner of administering the ammonia, he says that, when given by the mouth, the stomach is more likely to reject than to retain it; that the circulation is slow, and, consequently, absorption does not take place; that the ammonia, before it enters the circulation, ceases to be that which was given (part, at least, being converted into hydrochlorate); and that experience shows that the method cannot be relied on. Subcutaneous injection is inadmissible, because the ammonia destroys the tissues and is not absorbed

The plan which Dr. Halford follows is to inject liquid ammonia mixed with two parts of water directly into a vein; within twenty or thirty seconds it passes to every part of the body. Dr. Halford relates four experiments on dogs, performed in October and November of last year; and relates ten cases of snake-bite in the human subject, in some of which the injection of ammonia proved successful—the failure in one case arising apparently from the remedy having been delayed too long. In some of the successful cases, the patients had passed into a state of stupor, from which they emerged soon after the injection. In one of the cases, a girl, aged 14, was retored from a comatose state by the injection of ammonia—no other remedy being used—and recovered in a few hours. Next day, she was again bitten, and was again restored by the ammonia. On both occasions, the ammonia produced a state of excitement, for which it was necessary, the second time, to administer sedatives for two or three days.

The Climate of Laramie Valley.

Dr. H. H. Hurd writes to the *N. Y. Medical Record:*

"The constantly increasing number of patients who come under our observation every year, suffering from *rose cold* or *hay fever*, has turned the attention of medical men to those localities in which it does not exist. Hitherto the sea-coast, or some of the islands in the Northern lakes, have constituted almost the only place of refuge from this annoying affection. Since the opening of the Pacific Railroad, many inquiries have been made about the influence of the climate of the high table-lands, which lie between Nebraska and Salt Lake upon this disease, and I therefore take the liberty of laying before your readers the following extracts from a letter written by Dr. H. Latham, of Wyoming Territory: 'The Laramie Valley is situated at an altitude of 7100 feet above the sea. It is on both sides of a pure, rapid mountain stream fed by the melting snows of the Snowy Range. The Blacks Hills bound the valley on the east, rising to the altitude of 2000 feet above it. On the south and west is the great Snowy Range, at a distance of 30 miles, rising 7000 or 8000 feet above it. The hills and mountains are covered with short grasses, while higher upon their sides pines and other evergreens grow. The valley is covered with short grass throughout its whole breadth. The hills, mountain sides, and valley are alike dry. The soil is a light, sandy loam, and the wash of the mountains has little or no vegetable deposit. I do not know of a square rod of marsh in the Territory. The grasses finished their growth and ripened during June, until which time they wore a deep green, but now (Aug. 6th), owing to the absence of rain and the dry character of the soil, they are far advanced in curing—so much so as to give a rich straw-color to plain and hill-side. On the mountain, hill-side and valley, I do not know of a sandy place where the air can stir up any fine dust. The temperature is mild, and the air exceedingly dry. In both particulars—temperature and humidity—it is equable—more so, I think, than any other region on this continent. In proof of this I enclose meteorological notes for July. During four years' experience I have never seen a case of asthma or hay fever. Of all the supposed causes of this last troublesome disease, I cannot see a single one in our soil, climate, or vegetation. I have, however, never met a case brought here as a test. * * * * I can only give my opinion, and say that I know of no reason why there should not be complete immunity from hay fever in these mountains. So far as the question of the adaptability of this climate to the wants of those who are suffering from debility, in any form and from any cause, I answer unhesitatingly, that it has no equal in America during the summer months.'

"The meteorological notes inclosed, fully corroborates all that has been stated above regarding the uniformity of temperature and freedom from moisture. The highest temperature at any single observation is 86°, while the lowest at any one observation is 40°. The highest daily mean of temperature is 75.50°, and the lowest during the month of July is 57.50°, while the average daily mean is 64.64°. There were only four days in which rain fell, and that only to the depth of 57-100 of an inch, while the remaining twenty-seven days were pleasant. Observations with the hygrometer rarely gave a daily mean of less than 55°, or more than 72°. This extreme dryness of the air would seem to be almost the sole phenomena from which any unfavorable influence upon hay fever might arise. It is possible, but not probable, that this light, dry air may cause an irritation of the nasal and pharyngeal mucous surfaces. Its immunity from the other causes of this form of asthma renders this Laramie Valley worthy of a trial, by those who are compelled to go to some favorable region to avoid the discomforts of the above-mentioned disease, produced by the abundant vegetation of more highly cultivated localities."

Reviews and Book Notices.

NOTES ON BOOKS.

The College Courant Illustrated.—This successful college, literary and scientific paper, published at New Haven, the seat of Yale College, has commenced a series of illustrated biographical articles. The first is a sketch and portrait of the new President of Harvard, C. W. Elliot. The portrait is a very excellent one. Sketches of other distinguished college men, with their portraits, will follow from week to week; also, views of colleges, and cuts of new scientific apparatus. Among the contributors to the Courant are a hundred or more of the ablest College Presidents and Professors in the Country.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 13, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

NOTICE!!

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN THIS COUNTRY. If the leading Physicians and Surgeons of America do not write for the medical journals, as do those of Europe, we are determined that it SHALL BE NO FAULT OF OURS. We shall expect—*and have a* RIGHT *to expect, a commensurate support.*

For new subscribers we make the following LIBERAL OFFERS:

1. To any of our present subscribers who will send us a new name, a copy of the PHYSICIAN'S DAILY POCKET RECORD; and credit on books, etc., for more than one name, to the amount of ONE DOLLAR for each name.

2. New subscribers who remit $5, will be entered *to the end of* 1870. Those who send in their subscriptions *soon*, will therefore receive the REPORTER for FOURTEEN MONTHS for Five Dollars!

PORTRAIT OF DR. GROSS.

As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the MEDICAL AND SURGICAL REPORTER for January 1st, 1870, *a Splendid, First-class, Original* STEEL-ENGRAVED PORTRAIT of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

☞ *A few* ARTISTS' PROOFS *of the Portrait will be struck off on boards of a size suitable for framing. Price* $1.00 *each.*

A NEGLECTED STUDY.

So far as we are aware there is not a medical college in the United States that includes in its faculty a professor of the history of medicine. Nor is there a book in the English language which treats of this subject in any adequate manner. Yet no one who reflects at all carefully, and has his eyes open to the benefits of former experience, can doubt for a moment but that this study, now so much neglected, is one of great importance and practical utility.

There is not even a clear conception in the minds of most what such a history or historical course should be, otherwise we should not hear, as we often do hear, the exclamation, "What use is there of a knowledge of exploded theories and obsolete doctrines?" or "What benefit is it to the practitioner to know a quantity of dates and names of doctors long since dead, and nigh forgotten?"

Now, the history of medicine neither means a history of medical theories, nor a biographical compendium of once distinguished teachers, nor an account of diseases and epidemics. It is true that Sprengel gives us the first, Renouard the second, and Hæser the third, and each calls his work a history of medicine. Hence it is that the profession in America, seeing nothing offered it in this department but such husks containing little nutriment, has neglected completely the topic, or given it no space in the curriculum of the college.

This is a serious though a natural error, and its reaction on medical science is evident in many things. There is great readiness to confess that medicine is not an exact science, that there is fashion in remedies as there is in dress, that we owe little to the old masters, that much which they thought salutary we know to be prejudicial and contrariwise; much that we suppose to be new and good is but a revival of ancient practice and suggestions. These vague expressions, so common, so plausible, yet on the whole so false, arise from ignorance. We venture to say that not half a dozen physicians, educated exclusively in this country, can be found who can tell precisely and clearly what views even such a famous doctor as Van Helmont practiced upon. How little, then, are the masses of physicians able to derive benefit from the experience and observation of generations!

The History of Medicine should be studied as a record of the various means and appliances by which mankind has, from the earliest

times, attempted to combat disease. Necessarily the ideas they formed of the nature of disease, of the human body and its functions, of the processes of chemistry and pharmacy, of the origin of epidemics, of the mechanical principles involved in obstetrics and surgery, and of the specific qualities of drugs would come into the plan and be grouped around the central scene of the conflict with death. Then, too, as all human action is carried on by human agents, the famous characters of the past, the grand old masters, whose footsteps ever echo through the ages, would have a prominent position in the tableau, not as stiff figure-heads, tacked to some theory, or labelled and laid away as of such a name and date, but as active participants in the struggle for truth, listening attentively to what they could catch of nature's whispered secrets, and repeating them in clear tones to their day and generation.

Medical history, studied in this manner, taught as the constant efforts of the human mind to meet and conquer physical death, as the gradually accumulated wisdom of all ages, as the panorama of man's onward struggles to knowledge, would have a deep interest and a practical value, which have not been credited to it heretofore. Such instruction would lead us to respect our predecessors more highly, and would aid us to steer clear of many follies and vain delusions which pseudo-science is ready to offer. It would teach us that by careful experiment and rational observation, medicine may rank as an exact science; that as in chemistry and other natural sciences, so here the laws we deal with are universal and unfailing.

Which of our American colleges will be the first to inaugurate such a professorship, and who will be the man to fill it in such a way as will prove its real usefulness?

INTEMPERANCE AS A DISEASE.

In the transactions of the Medical Society of the State of Pennsylvania, is the report of of a committee on this subject, which deserves some comment, if not criticism. The Chairman of the Committee is Dr. JOSEPH PARRISH, who has charge of the Private Inebriate Asylum near Media, Pa. Without actually urging the propriety of "moderate drinking," this report is unquestionably and plainly in favor of it. The desire for stimulants and narcotics is characterized as a natural tendency, a constitutional "sense of want," everywhere felt, everywhere satisfied, and *therefore* (mar the *sequitur*) laudable and right.

Without, at present, going further, let us e amine the logic of this argument. Are all th natural and universal tendencies of human na ture proper and correct? If so, what become of Christianity, which is based on the beli in a *fallen*, a naturally evil disposition? Ther is a universal tendency in man to covet h neighbor's goods, and to get them in any wa he can. Is this to be justified by the sam *therefore?* If so, what becomes—not of Chri tianity merely—but of any moral or civil la at all?

But to apply the statement closer. Is th craving, so wide-spread, so generally indulged one of health or disease? The Report grant that it is in effect one of disease, one whic the individual feels "must be satisfied or h is unfitted for the service of life." We kno that in perfect health no man wants eithe stimulants or narcotics, except when alread habituated to them. Now, is every disease craving, every abnormal desire of the sic body to be obeyed as a voice of nature? Wh is ready to defend this *reductio ad absurdum* And what a responsibility does he assume wh on this slender ground, risks the welfare o thousands!

LIFE INSURANCE AGAIN.

What we said in a late editorial on this topi seems to have touched a number of people o what must be a sensitive spot. Fortunatel we have found quite as many on our side a against us. Shortly after it appeared a phy sician, connected with one of the leading com panies in this city as examiner, called an said: "I am glad you are disclosing some o the abuses of the Insurance companies. It i time that the unfairness of many of them wer exposed."

The president of another company freel granted that many of the abuses we spoke o are prevalent, but objected to the article be cause it seemed to oppose the system of in surance altogether.

This was certainly not our intention, as w esteem very highly the theory of Life Insur ance, and what we have to object to is not a all the system itself, but the abuses—we be lieve we can say the notorious abuses—whic prevent the system from being courageousl and honestly carried out. We deplore, an we have a right to deplore, the ignorance an the timidity, not to say venality, which w

now exists in reference to medical examinations, certificates, etc., not of all, but of many companies, and the manifest injustice of the forfeiture and other plans.

If we are so earnestly desired to make good our words we shall have no hesitation and no difficulty in doing so. Let us take, in order to display the medical skill which presides over some of these companies, the Knickerbocker Life Insurance Company, of New York, of which Dr. E. W. DERBY is Consulting Physician. He has recently issued a small pamphlet entitled "Instructions to Medical Examiners," accompanied with a Circular "recommended for earnest perusal" by the President, ERASTUS LYMAN. The Circular is rich. This is the exordium:

NEW YORK, Aug. 2d, 1869.

To the Medical Examiners of the Knickerbocker Life Insurance Company:

GENTLEMEN.—Requested by the President, agreeable to myself, but hastened by circumstances, I diffidently, modestly, becomingly confident, place before you the following for perusal.

It is an every-day occurrence to us as thinking beings, that many of the thoughts which are constantly and oft flitting athwart and through our minds, acquire out of their inconstancy and recurrence a constancy of ideas thereby assuming the garb of facts which, by their association, obtain the seeming of solid facts."

And this is the peroration:

"Clusters of thoughts throng me on every side, and the poised pen awaits their bidding, but as your patience may not be as inexhaustible as my subject, it is proper perhaps that I should close for the present. Let us, then, with one harmonious unity of opinion and purpose, invigorated with reburnished intelligence, hesitating not, faltering not, deviating not from the one pathway, whose gate is humility, to which truthful conscience is the key, ever and forever continue the inflexible champions of our peerless Knickerbocker; never failing in our contributive mite to the swelling tide of her envied splendor of success, the effulgence of which has with electric speed flooded everywhere; knowing full well that the PRESTIGE of the past is but the harbinger of the future, and that ere long she will proclaim in trumpet tones through her millions, that the veil of probability is rent asunder, and that her well-deserved fullness is so nearly completely harvested, that she will reflect such a halo of lustre as will equal the morn tide lustre irradiating the horizon, and that she will rejoice in her colossal mightiness of strength like a giant to run his race."

The body of the instructions is of course borrowed from well-known authorities, but here and there the Consulting Physician strikes out with bold originality. For instance, in reference to female risks, he says: "It has been deemed advisable to accept such females only as are willing to allow a proper uterine examination. A digital or speculum examination is necessary. If married, their husbands must, if acceptable, be insured."

Now when such a medical light as this is to guide the whole medical staff of a company—and we have not shown DERBY at his worst—we seriously ask is our warning unfounded? Can it be supposed that subordinates will not take advantage of the imbecility of their superior? If such is the head, what must the members be?

The figures which a correspondent took pains to give us, and which we willingly published, are drawn from the returns made by companies themselves. Their accounts have not been audited by any disinterested tribunal, and while we have no wish to discredit them in the main, we all know that a company conducting a business irregularly would make false returns to conceal deficiences. We also know that the Insurance Commissioner of Massachusetts discovered, in the year 1868, discrepancies in some companies nearly to the amount of half a million of dollars in their valuations. But these points as outside of the medical branch of the question, we prefer to leave for financial journals. We only wish to call attention again to the palpable unfairness of confiscating partially paid up policies. We know several instances where this has resulted in most distressing injustice. And we now recall one of a clergyman who, in order not to lose his investment in an Endowment Policy, is obliged to submit to painful deprivation in order to keep his policy alive. For him and for many another, the system is a hard one, and after all, of dubious utility.

Death from a Dissecting Wound.

Prof. BŒHM, one of the most eminent medical men of Berlin, died a few days since under fearful circumstances; while dissecting before a class of students he pricked a finger. He thought it a mere abrasion of the skin, and failed to cauterize it. Two days afterwards his hand began to swell, and became enormous. The poison pervaded his whole system and killed him. He retained his consciousness nearly to the last, and saw his end approach with undisturbed firmness.

Notes and Comments.

The Case of Surgeon Green.

The approval by the Secretary of the Navy, of the findings of the Court Martial in the case of Surgeon Green is meeting with severe and just criticism on all sides. If it is necessary, in order to be a Medical officer in the Navy of the United States, to renounce one's professional opinion, to deliberately do injustice to a sick man, to falsify the oath which the Surgeon takes to do his duty by the sick, and to defer in matters of Medical Science to an ignoramus, —if it is neccessary to do all this at the beck and nod of some ignorant upstart clothed in a little brief authority, then the Navy of the U. S. is a disgrace to the country and world.

"He should have obeyed and afterward protested," say the martinets, "then discipline would have been maintained." That is to say, that every order to a Medical Officer about the sick in his care, even if uttered by a drunkard, an insane man, or a heartless tyrant, must be promptly obeyed, and the Doctor may complain afterward (after his patient's death, perhaps), if indeed he be not refused this privilege as Dr. Green was. For instance, if he is ordered to report a man well who is sick, or to say that one has measles when he has yellow-fever, he is to perjure himself by complying. A fico for such discipline!

We shall look with interest for the forthcoming report of the new Secretary of the Navy (ROBESON) in the hope that on this subject he may show the same good judgment and discrimination that has characterized other of his acts.

Phosphoric Acid in Organic Nature.

In a recent number of the *Scientific American* it is remarked that the exudates of plants generally contain no phosphoric acid; at least such is the case with manna and gum-arabic. It is known that in exhausting the pulp of young roots with water, fibrin is obtained, which contains pectose and the incrusting substances. It follows, therefore, that the skeleton of vegetables owes its solidity not to the phosphates, as is the case with that of animals. The leaves that remain in the forests during winter yield ashes rich in iron, silica, and lime, but free of phosphorus. It is also worthy of note that, although analysis has as yet failed to discover phosphates in the sea, the maritime plants contain considerable quantities of this substance.

Corenwinder, at least, has searched in vain for phosphoric acid in the water of the North Sea, as well as in the boiler sediments of vessels crossing the ocean. The pollards of flowers and the spores of cryptogams are rich in acid of phosphorus; this being especially the case with the pollards of *Lilium candium*. It is remarkable that the ashes of pollards and those of the semen of animals are nearly allie in their component parts, they being both rich i phosphoric acid.

"The Fossil Man."

At Lafayette, twelve miles south of Syracuse, N Y., early in October, a farmer commenced to dig well, and had reached the depth of two and a ha feet in the loose surface soil when his spade struc some stony mass. Uncovering it he discovered, t his astonishment, that it was the figure of a mar about ten feet high, rudely cut in a soft sandstone The news soon spread. First it was supposed to b a petrified giant of the human species, (!) then a idol of the Indians, and finally a work of the earl Jesuits. All these suppositions are absurd and un tenable, and we have no doubt that this archæologi cal specimen, like Abbe Domenech's famous *Livr des Sauvages*, recently published by the Frenc government, is the work of cotemporary artists, wh have resolved to make a good thing out of publi ignorance and curiosity.

Keenness of the Senses.

Saunderson the mathematician lost his sight i 1683—when only one year old—after a severe at tack of the small-pox. But spite of his complet blindness, he gave himself up to the assiduous dut of the sciences, and finally lectured at the Univer sity of Cambridge, on mathematics and optics, witl wonderful success. His sense of touch was exquis itely fine. Thus in a collection of Roman medals he could distinguish the genuine from the false, al though the latter were often so admirably counter feited as to deceive those who examined them witl their eyes. By the different feeling of the air o his face, he could tell when an object was placed be fore him. And his hearing was so accurate i seizing and appreciating the slightest sounds, tha he could determine the height of any chamber int which he was introduced, and his distance fron the wall!

Alexander von Humboldt.

The centennial aniversary of the birth day of thi great naturalist, leads us to remark, that amon his numerous contributions to science, there ar several of much interest and value to anatomist and physiologists. He was one of the first to ex amine critically the action of the electric current o nerve and muscle fibre; his observations on the en demic diseases of the tropics are still quoted; and many of his physiological papers are referred to i leading works on that subject.

Vaccination.

At a meeting of the Social Science Association, in New York, Prof. Francis Bacon, of Yale College, read an article on vaccination as an element of pub-

lic health. He remarked that if ever the practice of vaccination falls into disrepute, we shall have a new pestilence among us, destroying yearly from 3,000 to 6,000 persons in and about New York. There is a vague feeling among the community at large, and even among physicians, that vaccination now and then transmits a constitutional disease. "Is it possible, Doctor, that my child can have taken scrofula from a scrofulous child through vaccination?" Without declaring such a thing absolutely impossible, we may safely say that it a great deal easier for the child to have taken it *from its parents!* In England probably 30,000,000 vaccinations have been performed during the present century. With what evil results? Marson, who has performed over 50,000 vaccinations, "has never seen other diseases communicated with the vaccine disease, nor does he believe in the popular reports that they are so communicated." Leese, with an experience scarcely less extensive, agrees with Marson. Dr. West, who has treated, during 17 years, 26,000 infants and children, is of the same view. Prof. Paget, speaking from a large experience, says: "Now, vaccination (though I believe it very rarely does,) by disturbing the general health, may give opportunity for the external manifestation and complete evolution of some constitutional affection which, but for it, might have remained rather longer latent." And he adds: "This is the worst thing that can, with any show of reason, be charged against vaccination; even this can very seldom be charged with truth." That is to say, a child with a "humor in the blood" will be apt to have the humor "break out" whenever the system is irritated, whether by vaccination, teething, or bad diet. Can the medical profession be expected to support a system which will take away a certain portion of their practice? Very likely, yes; for the operation is to many a troublesome one, and it is not paid in proportion to the loss of time it involves. Cannot, then, the Governments of States or the General Government be induced to take the simple step of offering vaccination to all, under guarantees of purity such as the public would confide in?

Prize Questions.

At the recent meeting of the Boylston Medical committee appointed by Harvard College, it was voted that no dissertation on either of the subjects proposed for the year 1869 was considered worthy of a prize.

The following are the questions proposed for 1870:

1. *The Modern Pathology of Tumors.*
2. *Aphasia, or the Relation of the Brain to Speech.*

The author of the best dissertation considered worthy of a prize, on either of the subjects proposed for 1870, will be entitled to a premium of *two hundred dollars.*

Dissertations on these subjects must be transmitted, postpaid, to John Jeffries, M. D., *on or before the first Wednesday in April*, 1870.

The following questions are proposed for 1871:—

1. *Criticisms on the recent opinion of a medical writer that the less serious Diseases of the Ear may be successfully treated by a well-qualified general practitioner, and the more serious affections by none.*

2d. *Recent advances in the Pathology and Treatment of Cutaneous Disease.*

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1871.

The author of the best dissertation on either of the subjects proposed for 1871 will be entitled to a premium of *one hundred and fifty dollars.*

A Seasonable Hint.

In a thoughtful article in a late number of *Lippincott's Magazine*, Dr. S. Weir Mitchell remarks:

I will ask you to note carefully the expression and figures of the young girls whom you may chance to meet in your walks, or you may watch them at a concert, or on some grand occasion. Then, I think, you will see many very charming faces, the like of which the world cannot match—figures somewhat too spare of flesh, and especially south of Rhode Island a marvellous littleness of hand and foot. But look a little further:—you will be struck with a certain hardness of line in form and feature which should not be seen between thirteen and eighteen. Multitudes of our young girls are merely pretty to look at—their destiny is the shawl and the sofa, neuralgia, weak backs and hysteria—that domestic demon, which has made, I am persuaded, almost as much wretchedness as the husband's dram.

The Pope and the Doctors.

We are led to believe that a statement made recently by a correspondent in this Journal is a mistake. We allude to the monition said to have been issued by the Pope to the physicians of Rome, enjoining them in no case to continue their attendance upon patients who are dangerously ill unless they have made their confession within three days after the doctor's first visit. In one of the Roman Catholic papers a correspondent from Stuttgart enclosed the following translation of an article in the *Deutsches Volksblatt*, a Wurtemburg Catholic newspaper:

"Our correspondent in Rome writes to us under date of May 24: 'The Cardinal Vicar has issued a circular by which the Physicians and Apothecaries are reminded of the old law, which imposes upon them the duty of urging sick persons, where life

may appear in danger, to confer with their confessors: it has frequently happened lately in Rome that people have died without the sacraments, who it was by no means to be supposed would have neglected confession had they been informed of their situation.'"

We hope that it is on this circular that the report in question was based.

Empiric Practice.

A physician of experience writes to us:

"I am glad to see you advocating, in a measure, what may be called empiric practice. Every physician of any experience who makes use of his powers of observation finds that many agents are curative, and can discover no satisfactory means of accounting for their action. I have seen remedies produce cures, contrary to all known rules, and yet I knew such to be the fact."

"Marry or Die."

This was the startling title which an English reviewer of the Scotch Registrar General's report adopted in order to bring vividly to the reader's mind the fact that these reports show that the mortality of the unmarried is much greater than that of the married in even so moral a community as that of Scotland. Indeed it has been maintained by several writers on hygiene that no instance of great longevity, that is to say over a century, can be found among unmarried females. Dr. J. I. WRIGHT, of this city however, notes a case where a maiden lady died recently at the age of 102 years. He says there can be no doubt that she was of this age. Such an instance is so rare, that we think it worth putting on record.

The Mutter Lectureship.

The Fifth course of this Lectureship on Surgical Pathology is to be delivered by Dr. JOHN H. BRINTON. The subject will be "Gunshot Injuries," and the topics included will be fire-arms and projectiles, theory of fire, general phenomena attendant upon ball-wounds, death, ratios of casualties in battle, local effects of ball wounds, general prognosis, and gun-shot injuries of bones, joints, and the chest. The lecturer's extensive experience in sclopetic injuries will render this probably the most instructive course yet delivered.

Conservative Surgery.

Dr. ANTONIO PICCIONI of Bastia relates an interesting case of conservative surgery in a recent number of the *Tribune Medicale*. About twenty-five years ago a boy six years old was brought to his office with the third phalanx of the right index completely disarticulated by the fall of a sharp edged stone upon it. The phalanx hung only by a very small shred of skin on the palmar surface to the remainder of the finger. Doctor P. proposed to remove it with the knife, but the child made such an out-cry, that without any real hopes of preserving it he bound the fragment with great care in its natural spot and fastened it with splints. The child was bled slightly and the cold water dressing applied. To his astonishment he found that in three days the parts had united, by first intention, and in a few weeks no signs of the wound were visible.

Errata.

In the REPORTER of October 23d, p. 245, second column, 16th line from bottom for "scorbutic" read *scrofulous;* 3d line from bottom for "splinters" read *splints*. Page 246 same article, 6th line from the end for "protruded" read *pronated;* 2d line from the end, for "interior" read *anterior*. The signature should be J. F. GRIMES, M. D.—and the residence *Wapello*, Iowa.

Centenarians.

From the number of centenarians coming to light in every direction, one would suppose that the average duration of human life is certainly lengthening. We have before us an account of one JOSHUA KANNOCK, a native of Scotland, formerly a resident of Maine, but living in Ossipee, New Hampshire, for forty years past, who is claimed to be, "according to the best information," one hundred and sixty years of age. He is cared for by his descendents of the fifth generation, and, it is said, fought in the old French and Revolutionary wars. Though now nearly imbecile, his recollections of early days are quite clear.

Will some of our readers in that section inform us certainly in regard to this case?

A New Amalgam.

Those engaged in making experiments in frictional electricity may be interested to learn the composition of a new amalgam, which is said to be very much superior to the old composition of two parts of quicksilver, one part tin and one part zinc. This new composition is made by melting two parts of chemically pure zinc in an iron ladle, and then carefully adding, while gently stirring it with an earthen pipe-stem, one part of quicksilver. After cooling, an extremely tough, but easily pulverized amalgam, of a silver-white color, is obtained, which may be kept in closed vials for any length of time; and when needed, the necessary quantity is to be ground up in a porcelain mortar, with a little tallow.

Meteoric Medicine.

Of the various cosmical influences which may act upon the condition of our bodies and lead to health or disease, shooting stars are probably the last that will occur to most readers. But the London *Spec-*

tator thinks that it might be plausibly maintained on evidence drawn from known facts and dates that occasionally a meteoric shower has brought a plague and pestilence with it. The "sweating sickness" even has been associated (though, we admit, not very satisfactorily) with the 33-year returns of great displays of November shooting stars. Without insisting, it says, on such hypotheses as these, which scarcely rest on stronger evidence than the notion that the destruction of Sodom and Gomorrah was brought about by an unusually heavy downfall of sodium-laden (that is, salt-laden) meteors, we may content ourselves by pointing out that the labors of eminent chemists have shown that the air is actually loaded at times with precisely such forms of metallic dust as the theories of astronomers respecting meteors would lead us to look for.

Coffee Making.

We are more and more pleased with LABIAUX'S patent felt filter for making coffee. We take a matutinal cup of an infusion of the aromatic berry prepared by his directions, and begin to think that we never knew before what *first-rate* coffee is. Concerning coffee it has long been known that about one-half of the caffeine disappears in roasting. The question has been what became of it, as it was found that when all the volatile products are recovered and analyzed, it is not detected among them. Mr. PERSONNE has lately solved the problem by proving that this lost caffeine is transformed by one of the magic touches of organic chemistry into methyl-ammonia which can readily be liberated from an extract of the roasted berry.

Woman's Medical College of the New York Infirmary.

The second session of this institution was opened on Tuesday, the 5th instant, Professor Ball delivering the introductory address. Since its last session the College has leased the building on the south-east corner of Second aveuue and Eighth street, adjoining the Infirmary, and so remodelled it as to adapt it admirably to its present purpose. With these increased facilities, and an augmented number of students, the new session begins auspiciously.

A Polish Medico-Scientific Congress.

A Congress of Polish Physicians and Naturalists, was held, for the first time, on September 20th, at Cracow, under the presidency of Professor Meyer. Dr. Galezowski, of Paris, was chosen Vice-President. Five sections were formed, viz: 1. Physiography; 2. Anatomy and Physiology; 3. Clinical Knowledge, under the presidency of Professor Brodowicz, Dr. Dieth (Burgomaster of Cracow,) and Dr. Galezowski; 4. Hygiene and Sanitary Policy; 5. Chemistry and Pharmacy.

Correspondence.

DOMESTIC.

Umbilical Cœcum.

ED. MED. AND SURG. REPORTER:

DEAR SIR:—I have occasion to notice in your columns another instance of the occurrence of this malformation, in addition to the two given in the RERORTER for August 11th, 1866. The monstrosity was found at the autopsy of a person dead of phthisis; and, as in each of the instances just cited, could have had no appreciable effect upon his general health. The patient had suffered severely with diarrhœa during the last stages of his disease, and the bowels were in some places inflamed and ulcerated; but this had nothing to do with the malformation in question. In this instance, the cul-de-sac was situated on the small intestine, about 8½ feet from the stomach; as the bowels lay on opening the abdomen, it appeared considerably above and to the left of the point representing the middle of the belly, upon the convexity of a coil of intestine, and so in opposition with the walls of the abdomen in front; its axis projected upward, forward, and a little to the left. Its general characters were similar to those of the two specimens already noticed—particularly the first mentioned—so that there is no occasion to repeat the description; nor have I anything to offer regarding the nature of the malformation, beyond what was said on the former occasion. The specimen has been sent to the Army Medical Museum.

I have not made autopsies enough to be enabled to judge how often the malformation really occurs. As only about fifty examinations, however, have afforded three instances, it is to be inferred that the condition is more frequent than may be generally supposed. I presume it is congenital; it certainly has no appearance of being a result of disease; nor can it be recognized by any indication during life. Cannot some of your correspondents bring forward other cases?

Yours, faithfully,

ELLIOTT COUES.

Fort Macon, N. C., Oct. 26th, 1869.

Morphia in Labor.

EDITORS OF THE MED. AND SURG. REPORTER:

I desire to call the attention of parties contending about the use of sulphate of morphia as a parturient, to a case coming recently under my own observation. A lady pregnant with her fifth child, and advanced to about seven months and a half, hearty and stout, apparently, pursuing an active life, but subject to pregnant hysterical attacks of cough, pain in the left hypochondria, in the face, head and limbs, vomiting and constipation, sent for me to see her in

one of these attacks of pain in the breast and left side, (as she had frequently done before,) and I found her suffering severely. She had taken a large dose of tinct. opii., tinct. valerian and eth. sulph., morph. acet., a mixture I had prescribed previously for her, but without relief on this occasion. I immediately gave her nearly a $\frac{1}{4}$ of a grain of acetate of morphia. In the course of twenty minutes she was easier, and rested so well that I left the bedside and retired to sleep, (being near midnight). In about one hour I was hastily summoned to the bedside again, and found that labor had set in, the waters had passed and the child's head fairly engaged; and waiting half an hour another pain expelled the child, followed immediately by the placenta. The child, though premature and very small, is remarkably bright and doing well.

Now, was it the morphia which brought on the *premature* labor? Not the sulphate but the acetate of morphia. She had, I must remark, taken morphia before, in fact nearly every day, in small doses to allay the hysteric attacks. S. K.

Pennsylvania.

Mania-a-Potu.

EDS. MED. AND SURG. REPORTER:

Having seen it stated in your Journal, of April, 17th, Vol. xx, by Dr. Henry Yale Smith, that he had never seen a case of mania-a-potu in the negro race, I would say that at the time I received the Journal with his article in it, I then had a negro under treatment for *delirium-tremens*. It is unnecessary to give the details of the case. The diagnosis was unmistakeable.

J. H. CHITTENDEN, M. D.

Binghamton N. Y. Oct., 23*d*, 1869.

Idiopathic Ptyalism.

EDS. MED. AND SURG. REPORTER:

I was called on the evening of 20th of August, 1869, to visit Mrs. H., age 65; found her suffering from profuse ptyalism, and constant dripping of saliva from the mouth, with all the collection of symptoms which indicate the specific action of mercury on the human system, except the fœtor.

In making my inquiries, she told me she had suffered from this nearly eight months, growing gradually worse, and it now weakens her down considerably.

I made search for some cause of irritation in the neighborhood of the salivary glands; also the teeth and gums, but found none; neither are the principal functions of the system impaired. Her appetite and digestion are tolerable sound.

Her previous history throws no light on the case. Has always enjoyed good health, had dysentery about ten years ago, from which she had a good recovery.

I have used astringent washes; gave iron, catechu, chlorate of potash, at different times internally, which checked the flow somewhat. I would have tried the iodide of potash, but knowing it to produce salivation in some subjects, I feared I might aggravate the symptoms. Can she be cured, and what course of treatment shall I pursue? If you can give me any information it will be thankfully received. Yours truly,

G. T. FOX, M. D.

Bath, Pa., Oct. 29, 1869.

NEWS AND MISCELLANY.

The Galignani Hospital in Paris.

The following particulars as to the Galignani Hospital at Paris, from the pen of Dr. SHRIMPTON, are given in the *British Medical Journal:*

This establishment—twenty beds for the English poor in Paris—built by the Messrs. Galignani, on a piece of ground purchased by these gentlemen in the name of the British Embassador, was opened in October, 1865, and has, up to this date, received 351 patients.

It was first intended that it should be a retreat for the aged and infirm as well as a hospital for the sick; but the whole building is now reserved for the latter purpose; and, as a rule, none but serious cases are admitted, on account of the small number of beds.

The building, erected on a dry sandy soil, is divided into two parts—one for men, the other for women—with a separate entrance and a private garden for each. The exposures are S. S. E. and N. N. W.—The hospital has a garden in front.

The kitchen, offices, *calorifere*, bath-rooms and washing department, are on the underground floor. The ground floor is thus raised, and is divided into two wards, with an entrance-passage and staircase, which serves as an air passage on each side. The Lady Superior's room is between them. Each ward, 5,796 cubic feet, contains six beds, has four large windows, two opposite each other. The door, with its lower panels pierced by a number of holes, is opposite an open fire-place. For the ventilation, there are eight oval openings, (1 foot by $8\frac{1}{2}$ inches,) two over each window, closed by plates of largely perforated zinc. Two rooms for infectious cases on the floor above contain two beds each, and have an opening near the ceiling, (4 feet 10 inches by $12\frac{1}{2}$ inches,) closed by plates of perforated zinc, an open fire-place, and a large window, S. S. E. aspect. The remainder of the building is divided into different compartments for private rooms—the chapel, dispensary, linen-rooms, etc.

The Physician and Lady Superior give their services gratuitously.

The last two years taken conjointly will present a fair average view of the expenditure and mortality.

1867.—Number of patients, 99; number of days

in hospital, 5,675; household expenses for each patient *per diem*, 1.46 *francs*, (1s. 3d.); mortality 1 in 24.4.

1868.—Number of patients, 94; number of days in hospital, 4,216; household expenses for each patient *per diem*, 2.26 *francs*, (1s. 11d.); mortality, 1 in 11.75, (three patients died on entering.)

University of New York.

The handsome new edifice just erected for the Medical Department of the University of New York was opened for Medical teaching for the winter term of 1869-70 on Monday evening, Oct. 18th.

The Medical Department of the University, which was established in 1841 in the Stuyvesant Institute on Broadway, was removed in 1851 to No. 107 East Fourteenth-st. The Fourteenth-st. College building being destroyed by fire in 1866, the Faculty continued their lectures in the North House of the New-York Hospital until last Spring, when Mr. Courtland Palmer consented to erect the building in Twenty-sixth-st. The interior is well arranged and the lecture room is elegantly finished and upholstered. Students will no longer be forced to sit on hard benches. The introductory lecture to the winter course was delivered by Prof. John W. Draper, M. D., L.L. D., in the new building. Among the distinguished gentlemen seated on the platform were the Rev. Isaac Ferris, D. D., LL. D., Chancellor of the University; Martyn Paine, M. D., Professor of Materia Medica and Therapeutics; John W. Draper, M. D., LL. D., President of the Faculty Alfred C. Post, M. D., Charles A. Budd, M. D., John C. Draper, M. D., Alfred M. Loomis, M. D., William Darling, A. M., M. D., F. R. C. S., Henry Draper, M. D., William H. Thompson, M. D., J. W. S. Gouley, M. D. After a prayer by the Rev. Dr. Ferris, Prof. Draper came forward, and in a clear voice read his lecture. He pointed out the errors of the present system of education. With respect to medical education he showed that it is divisible into two branches—one of which is best studied by attending lectures, the other in the hospitals and at clinics. He spoke of the system that had been practiced in American colleges 30 years ago, when all the information imparted was by lecture, this being the system introduced from the old world where it had been in operation for more than a thousand years. The first and oldest medical college in Europe, that at Salerno, in Italy, was founded by learned Saracens before the time of Charlemagne. They introduced this lecture system as one well adapted to their times, when books were very scarce and readers few. In a very instructive manner he showed how this plan, so well adapted to a non-reading community, had become unsuitable among us, when every one can read, and that this change had been brought about by the agency of the press. He said that it not only affected the modes of medical instruction, but even those of religious worship, and that the newspaper had usurped the position of the pulpit, constituting itself the chief public instructor. The Medical Department of the University of New York had many years ago taken the lead in making the necessary modifications so far as medical education is concerned by the establiahment of practical instruction under the designation of college clinics, and that the great prosperity of that school had been largely due to that change. He insisted that similar changes should be made in our public school system, so as to give it a more practical turn and make it more in harmony with the needs of the present day.

In the course of his remarks on education he said that he could conceive of nothing more absurd than teaching algebra to girls. The peculiarities of this branch is that its symbols save the trouble of thinking. He recommended that a fair knowledge of the foreign tongues be obtained, for they have a mine of facts which can only be possessed by understanding the language in which they are written. Dr. Nott has said that he never let the student go into the hospital until he had finished his first course. "We live," said Prof. Draper, "in an age when people are apt to deride theory and to praise that which is practical. As the sphere of light extends, the circle of darkness which surrounds it becomes larger. Though you may live until your locks are silvered and grey, yet you will still be students." In closing he said: "May the building which to-night we inaugurate long continue a bright focus of medical learning. From it may there be given to our profession many an addition to the stock of Science, and from its doors may there go forth many generations of educated physicians to relieve human suffering, and to bless our land." Prof. Draper was loudly applauded at the close of his address.

The French Census.

The French Government has just published its report on the census of 1866, which contains some figures of interest. From 1861 to 1866 the excess of births over that of deaths amounted to 716,000. The annual increase of population, which was only 0·20 per cent. in 1856, is now 0·36, there being altogether 680,000 souls more than in 1861. The total population in France in 1866 amounted to 38,067,-064. The emigration from the rural districts has much engaged attention of late, and it is found that the urban population has increased from 24 to 30 per cent. The Department of the Seine has 190 houses per square kilometre, and 32 individuals per inhabited house—the general mean throughout the empire being 14 houses and 5 inhabitants. One-third of the entire population cannot read. The Department of the Bas-Rhin is the best off in this

respect, as there are only 5 per 100 who cannot read, while in the Haute-Vienne there are 67 per cent. The difference in the number of women is so slight (0·10 per cent.) that it need hardly be taken into account; but the difference in the proportion of widows and widowers is remarkable, there being nearly twice the number of the former. The mean age has advanced six months since 1851, and is now 31 years 5 months—*i. e.*, 31 years 2 months for men, and 31 years 8 months for women.

Lunatics are returned as 50,726, or 133 per 100,000 inhabitants, there being 91 male lunatics to 100 female. Sixty-three per cent. are treated in asylums. In the Department of the Seine the number is 239 instead of 133, and in the Seine-et-Oise, it rises to 299. The *idiots* and *cretins* amounted to 39,953 or 105 per 100,000, there being 132 males to 100 females. The proportion rises to 383 in Savoy, and to 262 in the Hautes-Alpes. Taking lunatics, cretins, and idiots together, there were 92,000 individuals deprived of reason, or 1 per 420 inhabitants. The *goitreux* amounted to 51,000, of which number 7500 had already been enumerated with the cretins. The *blind* are returned as 84 per 100,000 inhabitants, or about 1 in 1200. Of the 84, 15 were blind from birth. The were 93 females to 74 males. The *deaf-dumb* amounted to 21,214—*i. e.*., 56 per 100,000, or about 1 in 1800, three-fourths of the number having been born in this condition. There were 62 males to 49 females, and the 56 per 100,000 rose to 280 in Savoy, and 214 in the Hautes-Alpes.

Relative to the Medical Profession the total numbers returned were 43,188, of which number 14,000 were females. In detail there were 17,000 Physicians and Surgeons, their titles being undistinguished, 3000 *veterinaires*, 1400 dentists and *pedicures*, 13,000 *sages-femmes*, and rather more than 7000 *pharmaciens* and herbalists. For Paris there were 2016 Physicians and Surgeons, 624 *sages-femmes*, 1322 *pharmaciens* and herbalists, or a total of 4593 persons directly pursuing the profession—*i. e.*, 2½ per 1000 inhabitants. Adding the families, *employes*, and servants, about 16,000 persons obtain their livelihood through the Medical Profession within the limits of the fortification of Paris.

A Worthy Foundation.

The Consumptives' Home, at Boston, which was established on September 28th, 1864, is an institution supported upon unusual principles. There is no fund endowment or known pecuniary provision whatever existing for the support of the Home. No human friend has ever made any promise, express or implied, to sustain the institution, which is supported entirely by voluntary gifts obtained through *prayer*. The only means of soliciting money or aid in food, clothing, or any of the necessaries of life, have been the prayers of the founder and manager. The journal of this benevolent physican contains interesting accounts of the numerous occasions when the Home was reduced to the last extremity through the want of some particular article, and when that identical article was sent to the institution in answer to prayers for it. The Consumptives' Home was started with one house, but now occupies four buildings, the purchase money for which was raised in answer to prayer. The last report of the institution shows $50,328 has been given by friends during the last five years, and $20,105 during the past year. The Home has since its opening accommodated 331 patients, and accommodated 165 patients during the year ending September, 1869.

The Stings of Bees.

A death caused by the stings of bees has recently occurred in England, and a correspondent of the London *Echo* writing upon this melancholy event gives as something quite new, the information, very familiar in the United States, that the application of diluted ammonia or spirits of hartshorn removes the pain of the stings of insects and even of serpents, by neutralizing the organic acid contained in the fluid ejected. The correspondent also says that a most valuable remedy is to be found in one of the plants known to visitors to the shows of American flowering plants, to wit, the Marsh Trefoil—*Ledum Palustre*. The plant meant, however, as indicated by the Latin name is the Marsh Tea, or Wild Rosemary, the use of the tincture of which is also familiar in this country as a means of allaying cutaneous irritation. The Marsh Trefoil, or Buckbean, is an entirely different plant, being intensely bitter, and having cathartic and emetic properties. The necessity of using Latin names for medical purposes is strikingly illustrated by the communication from the correspondent of the *Echo*.

The Sewing Machine.

The sewing machine has not only produced a revolution in the method of working with the needle and thread, but it has also created a special class of nervous diseases among the workers. Dr. Down has already told how the mechanical action of turning the sewing machine with the feet causes functional derangements. Nervous affections are also very common among the workers who are thus employed. The "jarring" causes in the young and weakly extreme nervous irritation and depression, headache and restlessness. Cases have come under our notice in which health has been permanently injured by long and continued work of this description. In factories, the labor of turning the sewing machine—labor which, when badly constructed machines have to be used, is very considerable, and with all machines very irksome—should not be thrown on the workers, many of whom are mere

children, since a very small amount of steam power would turn a large number of the machines. The girls, by being able to concentrate their attention on the work, would direct it with more care, and the masters would lose little by doing that which would protect the health of their workwomen.

We doubt much if needlewomen are, as a class, much better off than when their sufferings were so tenderly told by Hood. It would seem that the machine has kept work as scarce, though the workers are more plentiful. Women now do much work formerly done by men; and nearly all the cheap clothes are the work of women's hands. Many of the workwomen suffer from the effects of overcrowding in badly ventilated work-rooms. The girls become sick and faint, and scores of them come to the hospital in the hope that medicine will remedy the maladies—some slight, some grave, which the sanitary defects of the work-rooms, and the fatigue of turning and the vibration of the machines, have caused. Girls employed in cotton-mills are far healthier than the seamstresses and tailoresses of London; they simply direct and unwind the cotton threads, but sewing machine girls, by having to work the machines with their feet, suffer severely from the continuous vibration.—*British Medical Journal.*

Warm Rooms.

A writer in the *British Medical Journal* says: The daily exposure of young persons to an unnaturally high temperature leads to the same results as the "forcing" system employed by gardeners to plants; *i. e*, it hastens development. This is noticeable in factory districts, and seen amongst the young factory workers. English children, who are accustomed to toil in warm rooms, often arrive at puberty at as early an age as would Spanish or Italian.

Looking at the "female hands" as they leave a cotton factory, one is surprised to see so many stunted girls, whose faces are those of children, and whose busts are those of fully developed women. And they are women, insomuch as that they have arrived at the child-bearing period. These children soon become the mothers of weaklings, many of whom die without having completed one year of life. Such deaths, we know, make up the greater portion of the terrible total of the mortality-tables of all our large towns in factory districts.

As long as exposure to unnatural heat, combined with insufficient bodily exercise, will thus hasten development in children, so will the same causes accelerate decay in adults. We exclude that large class of men working at the mouths of furnaces; for these workmen, although exposed to much higher temperature than the class to which we shall allude, have sufficient muscular exercise to counteract the influence of prolonged exposure to heat upon their bodies; they work too in the open air or in large workshops, through which fresh air passes freely and rapidly.

Physicians in Rome.

"Anne Brewster," the intelligent foreign correspondent of the *Evening Bulletin* of this city, writes: I have just received a letter from Dr. Winslow, the eminent author of "Force and Nature." He informs me that he intends to settle in Rome, this coming season, professionally. As he is an able man and has had much experience in the practice of medicine, he will be a valuable acquisition to Americans.

There are many excellent physicians in Rome. Besides the German and Italian, there are also several English doctors, and only one American—Dr. Gould. This last-named physician is deservedly popular and quite overrun with business, so Dr. Winslow will be warmly welcomed to the ranks by his professional brethren, and highly appreciated by the invalids.

Casualties to Physicians.

BOSTON, Oct. 12.—Late last night Dr. Cole of Saxonville, was called from bed on the pretext of being required by a sick patient, and on leaving his house was shot through the cheek.

On the 15th ult., during the closing hours of the Franklin County Agricultural Society's exhibition, at Chambersburg, Pa., Dr. J. A. Maclay, of Greenvillage, was thrown from his horse and fell upon his head on the track, receiving such injuries as caused his death on the 18th.

Dr. T. P. Andrews, a native of Vermont, age 50, and a boarder at the Stevens House, New York city, was a few evenings since found dead in bed, supposed from an overdose of chlorodyne.

Dr. Labaugh, a resident of Venango City, Pa., was on a recent morning found dead at the side of the approach to the river bridge on the Oil City side. It is supposed he fell off the walk, which is some six feet above the ground, and striking his head against a stone was thus killed. He leaves a family.

—A COLLECTION of twenty-five pins, very well made, has just been placed in the Louvre, Paris. They were found in the subterranean vaults of Thebes, and were made more than three thousand years ago, showing that the modern invention is only a reinvention.

——A FRENCH *savant* has announced that he has discovered an antidote for nicotine in the common watercress. It is said to destroy the poisonous effects of nicotine, without altering the aroma of the tobacco.

——Joseph B. Vansant, M. D., died at his residence in Imlaystown, N. J., on the 10th instant, aged twenty-five years. During his brief practice he won the reputation of being an excellent physcian. Though the subject of great bodily affliction, he continued his practice till near the close of his life, and "ceased at once to work and live."

—— The lunatics in France, according to official statistics, amounted to 46,000 in the year 1851, and in 1856 they had risen to 60,000, in 1861 to 86,000, and in 1867 to 90,670. This astonishing increase is attributed to the noxious effects of tobacco and absinthe, and to the excitement caused by gambling in stocks and by political changes.

Dr. John Porter, of Troy, Missouri, predicted last summer that on the second Saturday of October he should die. He did.—*Exchange.*

What killed him?

——An extraordinary fact was stated at the meeting of the Cork guardians lately—namely, that the small-pox had ceased to exist in Ireland.

——It is said that traces of an extinct race have been found in Arizona. Evidences showed that the land had been cultivated for centuries by a people having a knowledge of manufactures and arts.

——The French surgeon, Dr. Nelaton, gives the name of *vesical hemmorrhoids* to Napoleon's disease.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

Baker—Fisher.—On the 4th inst., at the Second Presbyterian Church, Germantown, by the Rev. W. E. Ijams, Charles A. Baker, M. D., and Helen R. Fisher, both of Philadelphia.

Barnard—Morgan.—In Canaan, N. H., Sept. 20, by Rev. A. C. Coult, Frank E. Barnard, Chicago, Ill., and Miss Fannie A. Morgan, daughter of A. Morgan, M. D., of Canaan, N. H.

Cumming—Woodruff.—At Elizabeth, N. J., Oct. 28, at the residence of the bride's parents, by the Rev. Everard Kempshall, Alex. M. Cumming, Jr., of New York, and Harriette B., youngest daughter of Dr. M. M. Woodruff.

Heysinger—Downey.—On the 28th ult., by the Rev. J. L. Heysinger, I. W. Heysinger, M. D., of Philadelphia, and Miss Laura A. Downey, of Fayetteville.

Johnson—Brown.—Oct. 7th, by the Rev. Robert Alexander, assisted by the Rev. John Grant, Dr. William R. Johnson, of Allegheny, Pa., and Miss J. Ella, daughter of Mr. George Brown, of St. Clairsville.

Kennedy—Gray.—At Maple Grove, Cambridge, Washington county, N. Y., Oct. 27th, by Rev. J. Gardner, L. W. Kennedy, M. D., and Miss Fannie, daughter of H. C. Gray, M. D., all of Cambridge.

West—Durfee.—In Tiverton, R. I., Oct. 27th, Samuel West, M. D., and Miss Mary Durfee.

BIRTHS.

Houghton.—At 11 o'clock, Oct. 31st, a boy to Dr. C. W. Houghton, of this city.

DIED.

Cogshall.—In Gaines, Genesee county, Mich., Oct. 9th, of typhoid fever, Robert Bela, only son of Dr. Bela Cogshall, aged 7 months and 23 days.

Coleman.—On the 4th inst., at his residence in Pemberton, N. J., Dr. Isaac P. Coleman, in the 56th year of his age.

Purnell.—Of diphtheria, Oct. 24, Lemuel Godden Purnell, in the 5th year of his age, youngest son of Dr. F. I. Purnell, of Worcester county, Md.

Shackleford.—In Des Moines, Iowa, Oct. 23d, Henry, son of Mr. J. M. and M. S. Shackleford, of Portsmouth, Ohio.

Williams.—In this city, Oct. 30th, Mary A., only daughter of James Williams, M. D., in her 18th year.

Zorn.—In this city, on the 3d inst., Jacob Zorn, M. D., in the 76th year of his age.

QUERIES AND REPLIES.

Death from Air in the Uterine Sinuses.

Editors Medical and Surgical Reporter: Permit me to reply in answer to the inquiry of J. D. H. of New York, "Whether air is ever introduced into the venous system through the uterus so as to cause destruction of life"—in the affirmative. Six years ago, I was summoned to see a woman in labor, whom I attended twice in confinment, previously, but being engaged in an obstetrical case at this call, I could not go, and another physician was sent for who arrived in due time. The doctor finding an unfavorable position desired counsel, and sent an urgent message to me to come immediately. My engagement just permitted me to leave at the reception of this note and I hastened to meet the doctor. We had a troublesome breech presentation, yet a little assistance rendered the position favorable, and in seven hours from beginning of labor the child was born—the placenta following *immediately.* In fifteen minutes or less after this the patient expressed a feeling of terror, and exclaimed, "I am dying!" She was soon wholly unconscious and had symptoms like those of cerebral apoplexy; breathing slow and difficult; pulse feeble and irregular; the countenance of a livid hue, skin cold and in half an hour from the time the child was born, she died in a state of coma. No other cause of death could be concluded on, but air being introduced through the uterine veins into the circulation of the blood. I mentioned my diagnosis of this case, to a physician of forty-years extensive practice, who decidedly concurred with my views. This accident is more apt to occur when the placenta immediately follows the birth of the child. J. K. Holloway, M. D.

Nittany Hall, Pa., Nov. 1, 1869.

Dr. F. A. S.—Missouri:—The best illustrations of cutaneous diseases are those of Hebra. They can only be obtained by subscribing to the publications of the New Sydenham Society. On diseases of children, Meigs and Hillier have written recent and excellent books. On nervous diseases Dr. H. Jones and Dr. Murray have issued recent works.

Medical History.

Messrs Eds: — Please inform me through your column of "Queries and Replies," which is the best work on General Medical History, where can it be obtained and what cost? C. H. F.

Alabama, Oct. 25, 1869.

Renouard's History of Medicine, (Price $4,00) is the most accessible—in fact there is no history of Medicine in English which deserves any praise. It remains a desideratum.

METEOROLOGY.

OCT.	25,	26,	27,	28,	29,	30,	31.
Wind.....	N. W.	N. W.	N. W.	S. W.	S. W.	N. W.	N.
Weather.	Clear	Clear	Clear	Cl'dy	Cl'dy Rain	Cl'dy	Clear
Depth Rain					2-10		
Thermom....							
Minimum..	29°	25°	26°	27°	31°	25°	26°
At 8, A M.	40	42	38	40	44	36	35
At 12, M...	44	48	44	45	45	43	42
At 3, P. M.	44	49	45	46	46	44	41
Mean.....	39.25	41.	38.25	39.50	41.50	37.	36.
Barometer..							
At 12, M...	30.2	30.1	30.1	29 9	29.9	30.1	30.1

Germantown, Pa. B. J. Leedom.

THE

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Original Department.

Communications.

ON THE REMOVAL OF ENLARGED TONSILS WITHOUT CUTTING, WITH 123 CASES.

By A. Ruppaner, M. D.,
Of New York City.

Chronic enlargement of the tonsils (for it is of this ailment only that I am about to speak, *the acute form* differing from the *chronic* in cause, symptoms and treatment), is a disease very frequently seen among the young, not so often in the adult, and rarely afflicting the aged. Easily recognized, the treatment of this disease is not always as simple or equally successful. The young, no more than the advanced in age, often rebel where relief could at once be given by the operation of excision.

Boys and girls are naturally opposed to the very sight or least mention of an instrument destined to wound. The *nursery* has laid its edict upon the knife. In more advanced years this childish opposition, the offspring of fear, degenerates into determined resistance.

Some near friend or relative has been injured—nay, nearly killed; the tonsils, after being cut, grow again; or the disease will surely go to the lungs and cause death.

Strange as it may seem, such declarations are not unfrequently made upon the authority of the family physician.

True, the operation may have been followed by unlooked for results in a very few cases; it may have been done bunglingly; a patient may have died of lung disease afterwards. But it clearly does not follow, from these rare exceptions, that an operation should be abandoned as long as *the advantages* desired therefrom have outnumbered *its disadvantages a thousand fold.* Dr. James Yearsley, of London, has operated in more than *three thousand cases* without a single accident or a single unfavorable result from excision. The testimony of other distinguished surgeons is no less positive. In my own practice, I have operated on several hundred patients without a single accident, nor was a solitary case followed by unfavorable or injurious consequences.

But another very important fact presents itself. Cases are frequently met with where excision is already out of question. One, or both tonsils, may be too much enlarged, or elongated, or in relative position so changed, that excision becomes next to impossible. To meet these abnormal conditions, and last, but not least, to overcome the prejudice so common against an operation intended to ameliorate the numerous inconveniences, nay, actual suffering, and often positive danger, arising from enlarged tonsils, various therapeutical remedies have been proposed for their reduction at different times.

The two principal local remedies specially recommended have been *nitrate of silver*, either solid or in solution, and iodine. So unsatisfactory has, however, been the employment of these, that they have almost altogether fallen into disuse. Of solid nitrate of silver, Dr. Graves in his clinical lectures says, that, *it is slow, but sure.* It requires about *six months* to remove the tonsils by that process."

True, the proceeding is *slow*, but we may fairly ask, *is it as sure as it is slow?* How many patients, especially nervous young ladies, are there in this over-excited, overworked, over-fed, and over-dressed age, who will willingly submit to six months painful and tedious treatment; which is slow enough indeed, but not so sure after all, as it is slow, to remove the enlarged tonsils? And as to

iodine, we may safely place it among the *placebos* of therapeutics pertaining to this complaint.

For the recommendation of a new agent, by means of which hypertrophied tonsils can be effectually and successfully treated, we are indebted to Dr. FOURNIE, of Paris. In his work, "Etudes Pratique sur le Laryngoscope et sur l'application des remedes topiques dans les voies respiratoires," page 54, he has recorded fifty-two cases, all treated successfully. The agents employed were *Vienna paste* and *bichromate of potash*. Of these Dr. FOURNIE prefers the Vienna paste. The minimum time required in these cases to remove the tonsils was *two weeks*, the maximum, *one month*.

Dr. MORELL MACKENZIE of London, in a lecture delivered at the Dispensary for Diseases of the Throat, reported in the *Medical Mirror*, 1864, corroborated Dr. FOURNIE'S results. At the same time he called attention to a *new escharotic* for the removal of enlarged tonsils, consisting of a mixture of equal parts of *caustic soda and lime*. To this agent he applied the name of *London paste*. Forty cases are cited in which it had been used with complete success.

Since the publication of Dr. MACKENZIE'S paper I have given the London paste a faithful trial, and am most happy to add my testimony to his in regard to its usefulness in removing speedily enlarged tonsils. I have on hand the memoranda of no less than 123 cases operated upon, in none of which its employment was followed by any unfavorable consequences.

This *London paste* is prepared of equal parts of caustic soda and lime, moistened with a little alcohol. It must be kept in a well-stoppered bottle, since caustic soda and lime have a powerful affinity for carbonic acid. If exposed, therefore, to the air, the causticity of the paste is lost. Various tests have also satisfied me, that it is necessary to employ absolute alcohol in preparing it.

In practice I proceed as follows: A quantity of equal parts of finely pulverized and well-mixed caustic soda and unslacked lime is kept on hand. When an application is to be made to the tonsils, a little of the powder is put into a small porcelain cup, a few drops of absolute alcohol, which is kept near at hand, are added, the two are carefully mixed with a glass rod; when the paste is ready for use. Care must, however, be taken that it be of the proper consistency. If too thin, it is apt to find its way to parts which ought not to be touched; if too thick or lumpy, the paste will not readily stick, and little pieces might be swallowed. To apply the paste, a glass rod of sufficient length ought to be used. One end of it, which must be smooth and slightly funnel-shaped, is dipped into the paste, and a greater or lesser portion of the surface touched, as occasion may require.

DR. MACKENZIE has invented a very useful and simple instrument for the application of the paste. But one objection to it is, the almost unavoidable danger of applying the escharotic to too large a surface, thereby causing unnecessary suffering. The use of the glass-rod obviates this objection, and the facility with which it is handled commends it particularly to our favor. Again, many patients, but children in particular have a strong aversion to anything that looks like an instrument. On the other hand the glass-rod looks so simple and is so readily introduced into the mouth, that the operation is often finished before the patient has time to think about it. Another advantage is, that we can apply with ease as little or as much of the remedy as we choose. There is no danger of touching parts not intended to be reached, if ordinary precaution is taken. In nervous persons particularly, very little can be applied at first; the pain therefrom is trifling or next to nothing, and confidence is thus gained on the part of the patient. It is surprising how readily children will submit to the operation, and have it willingly repeated at different times.

To apply the paste let the patient be placed in the position for laryngoscopy. The difference between day-light, often dull, and strong reflected light directed into the fauces, needs no comment. Once the experiment made and the difference in the illumination leaves no future doubt. The patient in position, depress the tongue with the spatula and apply the paste to the enlarged surface for two or three seconds. The action of the escharotic upon the tonsil is rapid. The mucus membrane almost instantly assumes a deep flesh color, and presently a dark, blackish patch is seen, streaked with blood. The following day the tonsil is covered with a whitish, yellow eschar.

Next to the rapidity with which this therapeutical agent acts, it is gratifying to note the inconsiderable amount of pain it causes. Nervous persons are apt to complain for a few seconds; others, and among these must be

numbered many children, hardly pay any attention to the pain or make light of the same. At the longest, the discomfort only lasts about two or three minutes. Subsequent applications are accompanied with much less. if any pain at all.

The operation is again to be repeated in two or three days. The number of applications will depend upon the nature of the case.

The following synopsis of 123 cases, treated with London paste, may properly precede the history of some of the most instructive ones that came under my care :

Of the 123 patients, 15 were under 6 years of age; 24 under 10 years; 39 under 20 years; 27 under 30 years; 18 from 30 upward.

By sex, of the 123 cases, 56 occurred in males and 67 in females.

Again, of 123 subjects : 29 cases were free from complications or simple enlargements of the tonsils; in 47 cases the hypertrophy was accompanied by catarrh; in 23 cases there were symptoms of deafness to a greater or less degree; in 13 cases speech and voice were affected; in 11 cases deglutition was difficult; 38 cases were complicated with cough; 47 of the patients were of strumous habit; in 29 cases the uvula was also elongated, and in each case amputated.

Again, in some of the patients several of the above complications were present at one and the same time, though enumerated separately.

The *minimum* number of applications of the paste, in any case, was 6, the maximum, 14.

The time of treatment extended from three weeks to two months and a half. Cases complicated with catarrh, cough, etc., of course required a more protracted and varied treatment.

CASES.

Case 1. Bertha R., a little girl five years and seven months, was reported to be suffering from an attack of croup.

Instead of finding the little patient suffering from that disease, examination revealed both tonsils much enlarged, so as to leave but little free space between the two for food to pass.

Respiration was difficult, accompanied with croning sounds. Otherwise, the child appeared healthy. Had the mother consented, I would have excised the tonsils at once. This being, however, objected to, I applied the paste first to one side, and a few days later to the other. Twelve applications sufficed to accomplish a cure without any unfavorable symptoms or consequences. For nearly four years, since the operation, the girl has been free from throat troubles, to which she had been constantly subject before, and been dosing for it. She has also gained remarkably in strength.

Case 2.—Cora H., a smart, nervous girl of six years, had just recovered from scarlet fever, which left the throat, as is very usual after that disease, in an irritable state. She complained of difficulty in swallowing food, of sharp pain in the fauces, and was harassed by frequent paroxysms of coughing.

Examination revealed the throat to be in a state of congestion, and both tonsils hypertrophied. The congestion yielded gradually to appropriate treatment, when November 16, 1865, I applied the paste to both tonsils. Eleven applications were required. The period during which this patient was under my observation extended over three months. The success was complete, as the girl has not had a single attack of sore throat since, has gained in flesh and strength; whilst before she was constantly complaining.

Case 3.—Harry P., æt. six years and four months, had the measles when about three years old, from the consequences of which he never fully recovered. Is thin and pale, has a poor appetite, and dislikes exercise; has his mouth constantly open, even when he does not speak, and snores when asleep.

December 12, 1865, find the tonsils much enlarged, the right one more than the left, with marked evidences of former ulcerations. The parts are covered with an unusual amount of unhealthy mucous. Twelve applications of the paste, with proper hygienic measures, brought about a complete cure by the first of February, 1866. Has had no sore throat since.

Case 4. Miss M. B., fifteen years of age, suffered from diverse ailments, which pointed to the throat as the cause of her troubles. Ever since she had scarlet fever, which was eight years ago, she has been troubled with deafness to a considerable degree, especially marked on the right side; gradually, difficulty of swallowing came on, inconsiderable at first, but in time, more and more marked. Standing with her mouth open, breathing through the nose, respiration was clearly much impeded, and still more laborious when reclining. Attacked to a greater or less degree by quinsy, when ever exposed to cold air, she passed through the various stages of that complaint eleven

times, suffering greatly. Her general health became undermined.

Examination, February 9th, 1866, showed both tonsils enlarged to such a degree that the opposite surfaces nearly touched one another. Between, or rather laying upon the dividing line of the two tonsils, rested the uvula, considerably elongated. As might have been expected, there were also marked symptoms of catarrh present.

I excised, at once, sufficient of the uvula; used the douche for the catarrh, and prescribed suitable remedies to improve her health.

After the cut surfaces of the uvula had healed, the paste was, without delay, applied to both tonsils. Being both large and callous, it had to be applied every third day. Seventeen applications sufficed. At the end of five weeks the operation was complete, and in about three months more the catarrh also yielded.

Under this treatment the impeded functions were also restored. The hearing gradually returned, speech became more distinct and clear; swallowing was no longer impeded or breathing laborious. Appetite, a love for out-door life and play returned, and soon evidences of improvement were seen in the countenance and blooming cheeks. Nor has Miss B. had any attacks of quincy since. For four years she has now been free from disease of the throat, which before distressed her constantly, and made her a constant subject for medical treatment.

To be continued.

OPERATION FOR CONGENITAL HERNIA IN A COLT.

By D. S. Williams, M. D.,

Of Freeland, Baltimore County, Md.

Some two months since I performed an operation on a colt four months old, for congenital inguinal hernia; this is the second operation of the kind that I know of. I do not think that veterinary surgeons practice it, and as I am convinced of the utility and general success of the operation, I have thought I would publish the rules, etc., for its performance. As I do not know of any journal devoted to veterinary medicine and surgery, I have concluded to publish it in the Medical and Surgical Reporter. Knowing its general circulation, this is my excuse for troubling its editors. As to my leaving my legitimate profession to practice new operations I have no apology to offer—the incentives are obvious to all. The operation has been performed twice with favorable results in both instances. I would briefly state a few general rules, and if I am not sufficiently explicit, a letter to my address as above will receive attention.

1st. Make the first incision in the skin parallel with the opening in the abdominal wall, and immediately over it.

2nd. Dissect the tissues, fascias, etc., very carefully so as to avoid wounding important veins and arteries, which will be seen if sufficient care is taken in making the dissection.

3rd. Be very careful to avoid wounding the testicle, cord or the suspensory ligaments of the testicle. This ligament was cut in the first operation and caused a flexion or tilting of the testicle.

4th. When the opening is made, before putting in the sutures, carry the cord to the posterior part, and put a strong suture in, taking care to leave the cord sufficient space, that it be not constricted by the edge of the abdominal opening on one side and the suture on the other; from two to four sutures will be required. In all, allow a considerable length of the suture free so as to hang out of the external wound; these sutures will not come away for some three or four months, when the external opening will heal.

5th. Have the colt empty before operating by allowing no feed for half a day previous. You will thus avoid the trouble of having the intestines to protrude and be in danger of the knife. I prefer to operate at the age of three or four months. You will have to give chloroform to render the colt manageable; indeed the operation cannot be done without it. It will require not less than four ounces of good chloroform. If the operation has been performed before I would like to known it. I make no pretention to a knowledge of veterinary medicine or surgery or anatomy.

PREGNANCY WITH HYMEN UNBROKEN.

By Dr. H. L. Horton,

Of Morrisania, N. Y.

On the morning of the 24th of September, 1861, I was reqnested to visit Mrs. —, whom I was informed was in labor. I arrived at the house about 10 o'clock A. M., and was shown immediately to the room of my patient whom I found to be 21 years of age, N. B. tempera-

ment somewhat of a full habit, and evidently in labor. She informed me that it was her first labor, that it it had commenced between 12 and 1 o'clock that morning, also that "she thought that she had another month to go." I immediately made an examination per vaginam or rather attempted to do so, but failed, as I found the entrance to that canal so effectually closed that by the most careful and persevering application of the touch I could not discover even the slightest opening. Upon questioning the patient about it, she said "that she always thought that she was not like other women, she was so small." After placing the patient in a bright sun-light, I examined the parts through a large cylindrical speculum (I did not use the speculum because it was really necessary, but merely out of delicacy for the patient), through which I was yet unable to discover an opening. I next questioned the husband; he said, "that connection such as it was, had always been painful and that if all women were like his wife he was disappointed."

It now became evident that however extensive or complete the obstruction might be that it was congenital; also that there must be an opening through it at some point, for two reasons: first she had always menstruated regulary—though slowly—second, she was now pregnant. The questions naturally came up for solution what is the nature of the obstruction? How much of the vagina does it involve or in other words how far up does it extend, etc.

Upon resorting to the speculum the second time, and cleaning the surface of the obstruction thoroughly, by wiping it with cotton, it presented the appearance of a dense, whitish, fibrous structure, merging into the surrounding tissue guarding the entrance to the vagina, so gradually, that no distinct line of demarcation could be observed. About the center of the lower half of the obstruction, the patient being upon her back, I detected a small spot of reddish, tenacious mucus, which could not be detached by the cotton, but upon taking hold of it with a pair of forceps, it was found to connect through a small, round opening with something inside. A small silver probe, whose bulb point was exactly 1-16 of an inch in diameter, could, with a slight degree of force, be passed through the opening, the border of which appeared to be somewhat thicker than the surrounding structure, so that the probe passed with something of an elastic spring. By bending the point of the probe nearly to a right angle and passing it through the opening, I could, by depressing well the outer extremity, observe the bulb move along the inner side of the obstruction, which I now made out to be about the thickness of an ordinary dressed sheep-skin. Seeing my way clear, I at once introduced a bistoury, and made a crucal incision, after which I introduced my finger, and very much enlarged the opening by tearing, so as to avoid any hemorrhage, should there be any blood vessels in the structure. After the escape of a few ounces of dark, ropy-looking fluid, on introducing my finger I could now distinctly feel the bag of waters, which I at once ruptured, after which there could be distinctly made out a vertex presentation, with a L. O. I. position, anterior variety. The patient was now given an anodyne, in order—speaking mechanically—to put a balance wheel in the nervous system, which by this time had become somewhat disturbed in its movement. In due time it all calmed down; the pains became regular, and with sufficient force, so that about five o'clock, P. M., seventeen hours from commencement of labor, she was delivered of a fine, healthy male child.

PUERPERAL CONVULSIONS.

REASON FOR SUBSTITUTION OF PROPER MEDICINAL AGENT FOR BLOOD-LETTING, WHEN THE LANCET IS CONTRA-INDICATED.

By Edward Cass, M. D.,

Of Dresden, Ohio.

About this terrible malady, truly "horrible in appearance, and embarrassing in its treatment," I wish to write only in a therapeutical sense. West of the Allegheny Mountains, and especially far into the Valley of the Mississippi, blood-letting is almost never practiced by the profession; or at least as a rule it is not.

In miasmatic districts where ague prevails, a practitioner will scarcely ever blood-let in the most alarming inflammatory cases. East of the Alleghenies, authorities seem to be unanimous in their opinion, that the lancet is the sheet anchor in eclampsia. If in these miasmatic regions a person is prone to ague attacks, and you chance to have a patient afflicted with pneumonia, should you in the treatment use the lancet, you lose him, or diminish his chances of recovery. What then under the alarming circumstances in puerperal cases under consideration, is a practioner of

medicine to do? Listen to the teaching of authority remote, and let the life-liquid flow in profusion? Convulsions may cease, yet no proper re-action—no red corpuscles, the case passing into chronic anæmia, recuperative powers, not sufficient to prevent death from at last claiming the victim. Ramsbotham says he "looks upon a case of puerperal convulsions to be, in fact, one of apoplexy." Pathologically considered all authors urge the idea of congestion, or compression of the brain, caused by undue afflux of blood. They, however, will not agree that it depends upon nervous excitation, and great have been the discussions about the use of opium, or any of the nervous stimulants, deeming them positively injurious.

While the medical world seems much perplexed about the use of remedial agents, and much in doubt all the while in treatment of cases of eclampsia, I herewith give my testimony. A year ago a primiparous case came under my care. About four hours after confinement I was summoned to her side and found a case of eclampsia. She had been an ague subject. I was on the eve of using the lancet, but waiting some moments for spasmodic action to subside, the thought occured: If the pathological reasoning is correct, and there is a true *heart-controller* in medicine, why then in the name of common sense should it not be employed in *lieu* of blood-letting. I determined on full doses of veratrum viride, (Norwood's tr.) It produced an emetic effect in a few moments, and then I gave three drops every half hour, until an effect was produced on the circulation. After this desired effect was produced, the interval for doses was lengthened. She had convulsive efforts until the circulation was reduced from 120 per minute to 80 pulsations at the wrist. Then gradually spasmodic effort subsided, until it ceased, which was in much shorter space of time than I ever knew it after boldly using the lancet.—Now for the *post hoc, propter hoc* mode of reasoning. If this case had been thoroughly bled, medical *bleedists* would have, without a doubt, attributed her recovery to the means employed. But that she recovered without depleting measures, and promptly so, *not lingering*, what the verdict? I have tried veratrum in cases. *in terrorem*, and it proved a good prophylactic. And I venture the opinion, if by sufficient experience it proves successful, it is the only known prophylactic in the whole materia medica; and the reasoning based upon the pathological information, if true, must arrive at the happiest practical conclusion.

FRACTURE OF THE SUPERIOR MAXILLARY BONE.

By Dr. R. H. McKay, A. A. S. U. S. A.

Prince Walker, a private of "I" detachment, 38th U. S. Infantry (colored troops), on duty at Fort Craig, New Mexico, was admitted into hospital August 24th, 1869, for injuries received by a hatchet or small "hand ax," in the hands of one of his comrades. He was lying on his bunk at the time—feeling as he said quite unwell. His comrade and he had been quarreling that morning, in the course of which the patient accused the other of stealing. It appears that he brooded over the insult until he arrived at the determination to be revenged in a very summary manner, and to this end rushed into the quarters where the patient was lying, and struck him a powerful blow, evidently aiming for the head, but, probably by the exertions of the patient to avoid the stroke, missed his mark, and struck him on the face; members of the company then interfered, and prevented a repetition of the blow.

The patient was brought to hospital, his wound washed and examined; the corner of the ax had grazed the frontal bone over the minor angle of the orbit, then descending upon the face quite close to the base of the nose, caused a very considerable flesh wound of the face. The examination was then continued to the inside of the mouth, when the full extent of the injury was more apparent. The bone was observed to be fractured from a point commencing between the central incisors in front, extending thence directly back along the course of the suture, between the maxillary bones, for about one inch in extent, thence curving backwards and outwards, terminated between the last bicuspid and first molar teeth. This whole piece, including the teeth, was forced down unto the mouth, the posterior portion of it a full half inch below its normal position, while the anterior portion was displaced to about half that extent. I experienced considerable difficulty in replacing the fractured portion, but after several unsuccessful efforts, succeeded so perfectly as to justify the belief that it would remain so without artificial means for its support.

The treatment consisted of cold water local-

ly, until inflammatory action had ceased, then simple cerate dressings, observing the usual precautions of keeping the wound thoroughly cleansed. This, with perfect rest of the jaws, except so much as was necessary in taking liquid food, constituted the entire course of treatment. The fracture in the roof of the mouth healed very rapidly, so much so that in a few weeks time only a cicatrix served to mark the line of fracture. The wound upon the face still continues discharging a small amount of pus, with occasional spiculæ of bone, but the patient has so far recovered as to perform duty as cook for the company, and only complains of want of sensation of the fractured part, which is not to be wondered at when we consider the amount of displacement that existed at the time of the injury. I think, too, that the discharge from the face is likely to continue for some little time, as of necessity there must be a very considerable amount of detached pieces of bone yet to come away; yet the progress which the case has made thus far encourages the belief that perfect recovery, with perfect adaptability and use of the injured parts will speedily ensue.

Hospital Reports.

Clinic of University of Penn'a, 9th Street, above Chestnut.

Service of Prof. Henry H. Smith, M. D.

Reported by W. H. H. Githens, M. D., Assistant in Clinical Service.

Popliteal Aneurism—Successful Treatment by Compression—Time, Four Days.

John Sullivan, æt. 35 yrs., a zinc miner from Lehigh county, accustomed to standing in water while laboring, was admitted into the University Hospital, Oct. 17th, with a well marked popliteal aneurism. The tumor had been first noticed about four months previously; it caused little pain at first, but alarmed the patient by its steady increase in size. He was then under the care of Dr. Detwiler, an eminent physician of Lehigh county, who brought him to the city. The circumference of the limb over the tumor, at this time, was 12 5-16 inches pulsation and aneurismal bruit were marked, and the diagnosis was easily and certainly made. Pressure on the femoral artery controlled both the pulsation and bruit. It having been decided to attempt a cure by compression, two Bellingham's clamps were applied over the course of the femoral artery, on Oct. 19th, 1869, one at the apex of Scarpa's triangle, the second at the junction of the middle and lower thirds of the thigh.

Several members of the medical class generously volunteered to assist, and contributed in no small degree to the success of the treatment by exercising, day and night, a watchful care over the patient, preventing him from loosening the clamps or otherwise interfering with the apparatus. At stated intervals they relieved the points of pressure by alternately tightening and loosening the clamps.

Compression was thus kept up constantly for ninety-six hours, and at the end of this period no pulsation could be felt in the tumor or in the popliteal artery, and the bruit could no longer be heard. The temperature of the limb below the tumor was lowered only for thirty-six hours, and the collateral circulation was becoming established by this time. It seemed to be carried on through the profunda femoris, the descending branches of the external circumflex, the superior internal and external articular arteries, the deep branch of the anastomotica magna and the recurrent branch of the anterior tibial.

Seventy-two hours after the application of the compresses all pulsation in the tumor had ceased; the tumor was smaller and quite solid, and the measurement of the limb was 12 2-16 inches. During the treatment the patient complained of a great deal of pain in the region of the tumor, and in different parts of the leg and foot, for the first twenty-four hours, and these were relieved by the exhibition of granules of morphia sulph. gr. $\frac{1}{4}$, at 10 P. M., and at 2 A. M.

On October 23rd, when the clamps were removed, the circumference of the leg over the position of the tumor was 12 1-16 inches. The patient remained under observation two days longer and then returned to his home, apparently cured. The compression, in this case, was made to a degree sufficient to diminish without entirely interrupting the direct current of blood; to this extent, however, it was unintermitting. The demand for blood supply to the tissues below the tumor soon caused the collateral circulation to be set up, and an eddy or recoil current was thus induced, opposing the direct current through the tumor; in this manner the coagulation or deposition of fibrin was favored and the tumor soon became solid.

Prof. Smith stated that he always tried compression, either by the fingers of assistants, (digital,) by flexion of the limb, or, as in this case, by clamps, before resorting to ligation of the vessel; the patient thus often escaping the risks and pain of a serious operation. The success of this case was evident up to the time of his leaving the board, and nothing has been heard of him since.

—— The oldest man in Indiana is Tobias Sinder, of Evansville, aged 106. Benj. Scalf, of Milesburg, Elkhart co., Ind., will be 106 years old next May.

Medical Societies.

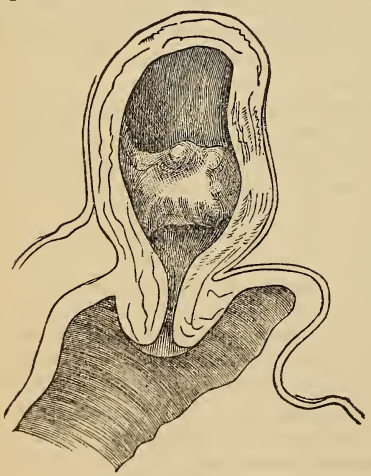
CINCINNATI ACADEMY OF MEDICINE, OCT. 18th, 1869.

(Reported by Dr. J. W. Hadlock.)

REMOVAL OF A FIBROUS TUMOR FROM THE CAVITY OF THE UTERUS.

Dr. W. W. Dawson reported the above case to he Academy, illustrated by the accompanying drawing, showing the situation and size of the tumor. The patient was 31 years of age; had had seven children; her labors were unattended with trouble.

About eight weeks ago she miscarried at the second month; the accident was accompanied by severe hemorrhage, and she was confined to her bed for two weeks; two weeks subsequently there was a slight loss of bright arterial blood, which she conceived to be her menses. Six weeks after miscarriage, whilst asleep, profuse hemorrhage came on; when awakened she was drenched with blood. Dr. D. D. Bramble was called in, and on making an examination, found the os dilated and a tumor within the cavity and attached to the anterior wall of the uterus. He prescribed ergot with some advantage, but the woman continued to bleed hourly; there was no interruption to the flow; in three days she was greatly prostrated.



The tumor was sessile, about the size of an English walnut, and situated one inch and a half from the os. Dr. Dawson removed it by the ordinary ecraseur, carrying the chain above the tumor by a pair of forceps, long, curved and slender; the uterus being held firmly by a pair of double-toothed Vulsellum forceps, and the vagina dilated by Sims' speculum. No hemorrhage followed the crushing, for twenty-four hours there was a mere "show," but since then there has not been a trace of blood.

Dr. Dawson referred to the achievements of the distinguished American, Marion Sims in this part of surgery, and exhibited his modification of Chasspaignac's ecraseur—the ecraseur with a portechain. The difficulty of engaging these tumors with the wire of Maisoneuve, or Braxton Hicks' cord wire, is very great; so also the unsupported chain of the ecraseur folds upon itself and gives the operator trouble, often in fact defeats him; but the chain by Sims' porte can be carried into the uterus as easily as a sound.

UNSUCCESSFUL OPERATION FOR OVARIAN TUMOR.

Dr. C. G. Comegys reported a case where he had been called, hurriedly, to see one evening, a young lady, who, the messenger said, could not urinate. On his arrival he laid his hand over the hypogastric region and found a rounded tumor—just like a full bladder—which he supposed it to be, and treated the matter lightly, remarking he could relieve her in a few minutes—notwithstanding she was suffering great pain. On trying to introduce the catheter, however, he found it would not enter the bladder, or was made to do so with great difficulty, and even then it did not seem to enter a cavity or a vacuum, so to speak, and to his surprise but a few drops of urine flowed.

He then made a vaginal examination, and from the symptoms present, supposed it to be a case of fibrous tumor of the uterus, grown so large that it was pressing upon the bladder and prevented the ready introduction of the catheter.

The following morning he called counsel who agreed with him that it was a fibrous tumor of the uterus. He then lost sight of the patient for two years, and in the meantime, having read the book of Spencer Wells, he became impressed that some surgical relief could be rendered the patient. He laid the matter before her friends, and they concluded to call Dr. Bradford, of Augusta, Ky., to see her.

Upon an examination Dr. B. pronounced it an *ovarian tumor*, and operated accordingly.

On opening the abdomen and reaching the tumor, he found that it had grown from the ovary, the pedicle reaching transversely and overarching the uterus from behind forward, and so completely enveloping that organ and entangling the whole pelvic viscera, that it was found impossible to remove the tumor without removing all the organs of the pelvis; and the abdomen was sewed up, and the patient abandoned to her fate. She died two or three days after wards.

ON THE EXAMINATION, BY PALPATION, OF THE PREGNANT ABDOMEN.

By J. T. Whittaker, M. D.

In searching the literature of this subject preparatory to writing this article, it seems a singular fact that of the numerous extracts and monograms we were able to collect, not one was written in the En-

glish language, all were from continental pens. Our most thorough and comprehensive volumes on obstetrics, too, possess but a mere passing notice. Even the scholarly Montgomery, who permitted almost nothing to elude him that had any bearing on the signs and diseases of pregnancy, contents himself with only a sufficiency of mention for his purpose; and Hodge, in his voluminous compendium, presents only this statement: "By the powers of palpation, however, the practitioner may often feel through the walls of the uterus and abdomen the head or even the limbs of the child, and thus satisfy himself of the reality of pregnancy. His confidence is greatly increased in most of these cases by distinctly recognizing the child in motion." The latter remark is proof conclusive of the amount of knowledge he regards as deducible from this mode of examination. There seems to be no idea of the possibility of establishing the child's position as claimed by many continental writers; this must be deferred until a dilatation of the os permits an examination of the presenting extremity there.

No one will dispute the fact that it is as true in obstetrics as in any other branch of medicine, that the earlier a diagnosis is established the better—certainly, no one who has ever seen cases of transverse position permanently rectified, by external manipulation, or sometimes by mere position of the patient, and reflects on the really terrible consequences ensuing upon their neglect, aside from the great comfort and consolation to both patient and practitioner of the early and exact knowledge of any, even the simplest case.

Why is it then that these facts, if they are true, and true they undoubtedly are, have so long escaped our observation—we, who flatter ourselves, to compound for our ignorance of all theory by a profound knowledge of all practice? Simply because our attention has never been directed to them in our class-rooms and hospitals, on account of the inability to use material in the only manner in which practical instruction may be obtained; and in private practice there is still greater fear of violating the female delicacy.

This terrible barrier is the apology for licensing students to the number of legion, yearly, to commence their "healing mission" without ever having seen a solitary case of labor. So it was with us, and that in Philadelphia, at the grand head-centre—the University—and what is the consequence? I shall certainly not narrate my first experience and its bitter lesson at the hands of an illiterate and merciless midwife, who with all her ignorance was wiser than the doctor?

The employment of this mode of investigation is a discovery of comparatively modern date, though history furnishes us with analogous procedures from the remotest times. In the chapter on "Rectification of Position," extracted from "answers to some obstetrical questions as to the accouchement of the Japanese," the following sentence occurs: "The external examination is also employed for the *detection* of pregnancy, viz: the feeling of the breasts, of the radial pulse, and the manipulation of the abdomen, for which a peculiar preparatory process is undergone called 'ampoekœ,' which consists in a friction and a careful gentle pressure and manipulation of the abdomen, as of kneading, in which particular manual passes are necessary." For the cure, too, of certain accidents of pregnancy the ampoekœ is daily performed. Somewhat similar practices were also indulged in by the Arabians, and in latter times by he Mexicans, with a similar design, but it was not till the year 1753, that the matter received scientific investigation at the hands of Professor Roederer, of *Gottingen. Elmenta artis obstetricæ;* chapter, *de exploratione.* Wirsberg, in a note of comment on this section, adds that he was accustomed to apply his face to the naked abdomen, after the examination by palpation, to detect by the ear the movements of the fœtal extremities.

It is a well known fact that in some cases their movements are audible several weeks before the ear can take cognizance of the heart tones. Had Wirsberg found followers in his practice, as Greuser observes, auscultation might have been discovered in a previous century (Nægele, Obstet. Auscultation, p. 53); indeed, it was only thus accidentally encountered. Baudelocque, Schmidt and Wigand have since considerably extended this field, and Greuser, the present editor of Naegele, thinks it cannot be recommended enough.

It is cultivated in Germany now, in all the clinics of the land, to a degree of perfection that seems almost miraculous. Not only is the exact position and presentation defined in most cases, but the size and weight of the fœtus is so closely approximated as to excite the wonder and admiration of the foreign student in a high degree. Time and again have we seen Seifert and Braum and Spath estimate the weight to within an ounce, and the size to within an inch, as verified after birth. Of course this skill is the result of decades of practice on literally thousands of cases.

The patient may be examined in the standing, sitting or lying posture, either the former or the latter to be preferred, as in sitting the abdominal walls are generally rendered tense. In Berlin cases are examined standing, the patients being ranged along the walls, the students kneeling at their feet. In Prague and Vienna the dorsal position is observed, that the heart sounds may be studied at the same time, which is usually impossible in the erect posture. A proper regard for the feelings of patients would induce a preference for this manner, although some points may be better observed when the uterus is thrown forward in close contact with the parietes by gravity, as is the case when the posture is erect.

Assuming the patient in bed, then, the abdomen covered by a thin, soft texture; flex the limbs upon the body, and, if possible, abstract the attention. To do this successfully requires sometimes as much tact psychical as the examination does tact physical. First, then, place the border of the hand perpendicularly over the fundus, and during the expiration after a deep inspiration, press gently downward to the highest point; this will give its height from the umbilicus, and afford a fair approximation of the period of gestation. Place a hand then on each side of the organ, with similar pressure, and notice its breadth and inclination toward one or the other side. The hands will, of course, be parallel and generally inclined to the right, because the uterus is generally drawn to this side, from the commonly assumed reason of the shorter length of the right round ligament.

Let the palm of the open right hand glide now gently over the abdomen, and discover any elevations present, which are generally fœtal members, or any depressions, particularly of the fundus. Twice have we seen a uterus bicornate so detected. In one of these cases a sound was passed into the unimpregnated side entirely to the fundus; the progress of the case was extremely slow, on account of the indistensible character of the fibrous septum, and a guarded knife was just about being introduced for its division, when a forcible pain effected birth.

The depression from the fundus to the cervix, or the oblique groove, sometimes present, must not be regarded as proof positive of the presence of twins, as the ancients believed. It would be as dangerous to predicate a multiple birth on this fact alone as on the increased bulk of the organ; but it may serve to excite a suspicion, which a further examination, as by ballottement, when one may be moved without affecting the other, difference of heart sounds, etc., may perhaps verify or annul. Notice the gentle but quick pat of the members of the child against the hand, which may vary in grade from the merest vibration or undulation to a decided stroke. Of course, great care must be exercised to avoid mistaking for this the sudden contraction of the abdominal muscles, or the peristalsis of the intestine. M. Dubois has frequently mentioned instances of women who presented themselves at his lectures for the practical exercise of his pupils, and "who possessed in a high degree the faculty of simulating the fœtal movements by the partial contraction of the abdominal muscles." In a note to his translation of Chailly, Bedford mentions a case of ascites in a woman, "to whose uterus two small pediculated tumors were attached, which might easily have been mistaken for either the active or passive movements of the fœtus." (For other deceptive cases, see Bedford's Obstet., pp. 179–82.)

All this is preparatory to the examination proper, which now commences.

Apply the extended fingers of both hands at an interval of say 2 to 4 inches, and make palpation over the entire surface, the pressure of each hand alternating, but in quick succession. The following points may be recognized: the breech or head above, as one or the other extremity of the fœtal ellipse exists there, presenting a firm, round tumor, harder, of course, for the head, and rather larger for the breech; in the right upper quarter (dividing the surface with a perpendicular and transverse line, intersecting each other at the umbilicus at right angles), the pedal extremities generally, because the first position of vertex is the most frequent, and the feet flexed upon the thighs occupy the opposite quarter to the head, these all well marked, as a rule, as small knobs or protuberances, now present, now absent, or rolling around under the fingers; opposite, the dense, elongated tumor of the back, offering twice the resistance of the side or of the members; and below, over the symphysis, the opposite end of the ellipse, breech or head, *pro re nata*, in both the accepted and literal significance of the phrase.

Extend the thumb now from the hand and sink it (the thumb) on one side of the tumor above the pubes and the fingers on the other and gently palpate or repercuss between the thumb and hand. Its fixidity will indicate the extent of its engagement at the superior strait. In the majority of cases, if the parieties are not entirely too adipose or ascites or low insertion of the placenta do not intervene, the head, by its greater density can be distinguished from the breech. Should doubt still exist, grasp the breech with the other hand and compare the two, or if it can not be readly grasped, practice external ballottement—the repercussion of English authors—between them. Should the members be found in the left upper quarter and the back in the right side, the position of the vertex is the second. The mere presence of the members in either upper quarter, speaks strongly in favor of a vertex presentation, their presence in either lower quarter for a breech. Of course, auscultation of the heart tones will reveal the back of the child in most cases almost positively, and this should always be conjoined to the examination but it does not fall in our scope to-day, nor does the vaginal examination and its results, nor the combined internal and external methods; these have all received full attention at the hands of every author and teacher. We might have to make some statements as to the value of this method of examination in transverse positions when the uterus is shortened in its long diameter and elongated in its broad with an extremity of the ellipse in each iliac fossa. In extra-uterine pregnacy which it affords us almost the only means of diagnosis, the whole body appearing, as it generally is, immediately under the integuments; in cases of mole

when it reveals, as in addition to the other symptoms, a volume of the uterus not corresponding to the stage of gestation, an absence of all individual tumors and parts, or in those rare conditions of complicating ovarian difficulties, fibroid tumors, hydrometra, physometra, etc., but all these have been already exhaustively treated elsewhere. A single remark further and we have done.

Face presentation may sometimes be diagnosticated by the external examination alone. In these cases the extreme extension of the neck forces the breast of the child against the uterine parieties, and of course removes the back, consequently the heart sounds are heard in greater intensity from the breast, by reason of its contiguity, and not from the back as is usual, but the feet in the rule remain flexed upon the thighs, and the thighs upon the abdomen. Suppose, now, the members be recognized on the same side as the audition of the tones, the presumption is strongly in favor of a face presentation, and in fact we have seen three cases wherein a diagnosis was so established before the os would admit the extremity of the index finger.

We may add, in conclusion, that the examination by palpation implies some skill and considerable practice to enable us to draw correct conclusions; but it requires far less of either to attain a tolerable efficiency in palpation, than to acquire that degree of tactile and auditory perfection in percussion, which enabled Piorry to map out the exact position of the fœtus in utero upon the abdominal surface, and a little practice will be found of sufficient importance in assisting us in the diagnosis of difficult cases, even should we fall far short of the acquisitions of those eminent men who can as nicely estimate the size and weight of the fœtus, the diameters of its head, and even, as we have twice seen, mark out the surface of placental insertion in cases when the intensity of the placental murmur, as afterwards examined by auscultation, could leave but little doubt of an implantation on the anterior wall.

In reviewing this article, it seems possible that we may have lain ourselves liable to unpleasant criticism in the first part, and to spare ourselves this, we may state it is not meant that a woman's sense of delicacy is in any manner to be violated. The defective character of our education in this branch of science must have been apparent to all in the commencement of their professional career, and if our ignorance is not enlightened in the hospitals, under a supervision which renders any malpractice impossible, we all know full well at whose expense it finally comes. A lady will always be recognized by a gentleman without any advice or monition, and a man who has assumed the practice of obstetrics without being by nature's inalienable birthright, as well as by cultivation and education a gentleman, is the man, above all others, who has mistaken his avocation.

Editorial Department.

Periscope.

"Watermelon *vs.* Diarrhœa."

Dr. B. E. Cotting sends the following cases to the Boston *Medical* and *Surgical Journal*, as illustrating the good effect of ripe fruit on diarrheic disease.

I.—An advanced gentlewoman, taken Friday night, Sept. 3d, with prostrating diarrhœa, was on Saturday, P. M., advised to take very freely of the pulp of ripe watermelon. She did so, eating as much as she could possibly get down. During Saturday night she had five dejections—the last being very small, about 6 A. M., of Sunday. She kept her bed Sunday, without discomfort, except a feeling of weakness. Monday, she had a natural dejection, and no further disorder.

II.—A middle-aged gentleman, taken Saturday, Sept. 4th, with cholera morbus, and brought home from his place of business. Seen at nightfall; vomiting frequent and diarrhœa urgent. Watermelon directed as above. Directions followed, but he also continued to take the melon in small quantities every few minutes during the night, to assuage thirst. He vomited but once after it was taken, and the diarrhœa ceased through the night.

III.—A young woman, who, for several days, had suffered severely from diarrhœa which had not been controlled by opium freely taken, and other remedies, being unable to sit up any longer, took to her bed, Sept. 6th, and asked professional advice. Watermelon directed, as in the previously described cases. She took it repeatedly in pretty large quantities in the night and day following. Feeling no relief, she sent again at evening, but before the messenger returned she had a large dejection, which she said seemed to remove all the difficulty. From that moment convalescence was uninterrupted.

IV.—An older gentlewoman, the head of the same family as the last, afflicted at the same time, in a similar way though less severely, was relieved

in about half the time of the other, after taking watermelon.

V.—A young gentleman, attacked in the night of September 12th, with severe vomiting and purging, which continued into the 13th, was advised to take watermelon, and took a large quantity. The disorder ceased in P. M., and the next day, Sept. 14th, he returned, well to his business.

VI.—A grandmother, much depressed by attending upon sick children, returned home with distressing diarrhœa, Sept. 13th. The next day, was directed to take watermelon, and consumed large quantities between the middle of that day and the morning following. After this she had no further diarrhœa.

VII.—A rather feeble young woman, after several days' suffering with frequent loose, "bilious" operations, took, as directed, in the evening and night of Sept.. 15th and on the morning of the 16th, three separate meals of watermelon alone. In the afternoon of the 16th she had a full dejection, and no diarrhœa afterwards.

VIII.—A young matron, who had repeatedly recurring attacks of diarrhœa, and had tried without avail laudanum and other common remedies, was at last obliged to take to her bed, and then, as advised ate in course of the night of Sept. 16th to 17th about "a cubic half-foot" of watermelon pulp. This was followed by a free dejection, "quite different from the previous ones," before noon of the 17th, and subsequent complete relief.

IX.—A young gentlewoman, on her return from a fatiguing journey, was taken in the night of Sept. 17th with diarrhœa, accompanied with constant nausea, which greatly increased on every attempt to rise from bed. In the afternoon of the 18th, these symptoms increasing, she was advised to take watermelon pulp, which she did until she was "full." It was repeated at bed-time, and again in the morning following.

She said that the nausea was at once and decidedly relieved by the watermelon, and, after a free dejection on the 19th, she had no further diarrhœa.

Poisoning by the Use of Hair Restorers, Head-washes, etc.

The *Journal of Applied Chemistry* has the following remarks, appropriate to what we recently said on the "Price of Beauty:"

A constant use of the various advertised hair washes, invigorators, restorers, etc., produce effects which inevitably, sooner or later, produce ill health, and often great bodily suffering.

Lead in some form is one of the ingredients of all these mixtures. By the continued application of these washes to the skin or scalp an absorption of lead takes place, and its poisonous effects manifest themselves under the various forms of lead poisoning.

The effects are so slow and insidious that, until the sufferer is entirely beyond cure, they are unnoticed, and in many cases even then the original cause is unknown. There is no doubt that many have gone to their graves without even their physicians being aware of the real cause of the disease.

It produces neuralgia, paralysis of some of the muscles of the face and limbs. Many persons complain of sudden pain in the head, ear or eye, or sometimes in the shoulders, often in the fingers, not unfrequently of a numbness in the limbs, hands or feet. Careful inquiry traces these effects to the use of some of the deleterious compounds. It is time the warning voice of the press should be heard and heeded by the thousands who are in the daily habit of using these poisonous articles, more especially as their use is making such rapid advances in this country. So many of these washes are now thrown upon the market, all professing to be perfectly innocuous, that people use them without the slightest investigation, not even giving a thought to the inevitable consequences.

That those who desire may be able to discover the presence of lead in any of these cosmetics and washes we here give a few simple, but certain, tests that may be applied with very little expense and one easily attainable at any apothecary's store, viz: by agitating a solution of sulphuretted hydrogen with the wash it will turn it black or dark, and generally throw down a precipitate at the bottom of the vessel; sulphide of ammonium, or sulphide of sodium (glauber salts) have the same effect.

No one who values health and immunity from incessant pain should neglect to apply this test to any compound recommended for the purpose of improving the complexion or coloring the hair.

Instances are daily recorded by the press of the terrible effects of the absorption of lead into the system through the pores of the skin, by the use of popular skin and scalp washes, which would deter any but the most infatuated devotees of fashion from their use. And the instances which are made public are not a tithe of what could be furnished by almost any physician of an extended city practice.

We again warn all who use these cosmetics that they are gradually but certainly bringing upon themselves a condition which will be one of suffering and disease beyond the reach of remedy. By using the simple and inexpensive tests given above, and rejecting everything that is proved to contain lead in some form, they will avoid the slow poisoning which is sure to follow their constant application.

Opium and Belladonna.

In the last number of the *Am. Jour. Med. Sci.*, there is a report by Dr. S. W. Gross, of a case of poisoning by 3 grs. of atropia which occurred in this city about a year ago. In this instance the injection of morphia subcutaneously produced stertorous

breathing, and was discontinued. Dr. G. quotes Dr HARLEY'S experiments on the lower animals, and concludes that "it would be unsafe to rely on opium or morphia to the exclusion of other measures, when an excessive dose of belladonna or atropia has been taken." This we do not oppose, but the statement would to our mind have more correctly expressed the present advance of toxicology if the writer had added that it is unjustifiable to neglect this measure when the patient does not promptly respond to other means. A half-truth is sometimes as dangerous as an error.

Syphilis from Vaccination.

A writer in the *Gazette Hebdomadaire*, quoted in the Boston *Med. and Surg. Journal*, says discussion on this question was started when it was demonstrated that syphilis was inoculable through the blood. This fact being admitted; granted also the immense liability that either through difficulty in operating, or through negligence on the part of the operator, or through too complete draining of the pustules, the virus contains blood; these things being considered, we are much less inclined to sift the facts hitherto alleged relative to vaccinal syphilis, than to acknowledge the occurrence of it *a priori*, by a sort of logical necessity. From this point of view, the only one of practical interest, the question if the pure virus unmingled with blood may contract the syphilitic venom, presents itself only as a sort of curiosity. That point remains doubtful, even with some of those who have with the most zeal and authority sounded the alarm as to the transmission of syphilis by vaccine matter. The true question is not here, and all the experiments cited by M. GUERIN in which vaccine matter collected from syphilitic patients has given rise only to legitimate pustules, add nothing to what has been said and done by M. VIENNOIS, the most declared partizan and one of the instigators of the theory of vaccinal syphilis.

Reviews and Book Notices.

NOTES ON BOOKS.

Our friend Dr. GREENSVILLE DOWELL, of Galveston, Texas, Editor and Publisher of the *Galveston Medical Journvl*, is preparing, and will publish by the first of December, the *Galveston Medical Almanac*. It will contain a large amount of practical information, useful to the physician. It will be a good medium for advertising.

Address DR. DOWELL, as above.

A Compend of Materia Medica and Therapeutics. For the use of Students. By John C. Riley, A. M., M. D., Professor of Materia Medica and Therapeutics in the National Medical College, etc. Philadelphia, J. B. Lippincott & Co., 1 vol. 8 vo. pp. 370.

As the title page indicates, this syllabus is designed for the use of students in the lecture room, and therefore lays no claim to be a full exposition of the subject. It is more complete than such manuals usually are, and although of course such a work has no pretensions to original research, it has, so far as we have examined it, the merit of accuracy.

Report and Remarks on a third series of one hundred cases of Cataract extraction by the Peripheric-linear method, by H. Knapp, M. D. etc., N. Y., Wm. Wood & Co., pp. 29.

Cataract and its Treatment, Medical and Surgical, by Jabez Hogg, F. L. S. etc., London, Henry Renshaw, pp. 35.

These two essays will have a deep interest for those devoted to ophthalmological pursuits. Professor Knapp's paper is eminently practical, and the operation he reccomends a very successful one. He says, in concluding his labor: "I may sum up the ultimate result to be, that 3 per cent. of loss, 6 per cent. of imperfect and 91 per cent. of good success were obtained." Dr. Hogg's pamphlet is a very interesting paper on paracentesis oculi, read before the Medical Society of London, and will be found a carefully prepared description of this useful procedure.

Health of Napoleon III.

George Wilkes, Esq., the editor of the New York *Spirit of the Times*, in writing from Paris, gives the particulars of a professional interview with Dr. Sequard, the eminent French surgeon, in reference to the proper treatment of an affection of the brain under which he, Mr. Wilkes, is suffering. In the course of the conversation, Dr. Sequard directed Mr. Wilkes' attention to a series of articles which had recently appeared in a French paper on the subject of the Emperor Napoleon's health, and which had created considerable sensation. Dr. Sequard stated that the articles to his knowledge had been written by a man who had once been the Emperor's physician, a man of great ability, but dissolute habits, who had lost his standing in society and his official employment, but who neverthless knew the Emperor's constitution well. This unworthy physician has violated all professional obligations, but, as Sequard insists, has nevertheless told the truth in disclosing the secret that the Emperor Napoleon is suffering from an incurable disease, fungus of the bladder, which must soon, and certainly within six months, put an end to his life. The Emperor, according to Sequard, has doubtless been made acquainted with his fate, and is preparing for it as well as he can. It is further stated that the reason why these articles have not affected the Bourse, is that they appear in a bitterly Radical paper, and are not believed, and that the opportunities for observation possessed by the author is not generally known.

—Dr. C. P. Frost of Brattleboro, Vermont, is an assistant lecturer in the Medical Department of Dartmouth College, N. H.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 20, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

NOTICE!!

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN THIS COUNTRY. If the leading Physicians and Surgeons of America do not write for the medical journals, as do those of Europe, we are determined that it SHALL BE NO FAULT OF OURS. We shall expect—*and have a* RIGHT *to expect, a commensurate support.*

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As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the MEDICAL AND SURGICAL REPORTER for January 1st, 1870, *a Splendid, First-class, Original* STEEL-ENGRAVED PORTRAIT of

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Professor of Surgery in the Jefferson Medical College of this city.

☞ *A few* ARTISTS' PROOFS *of the Portrait will be struck off on boards of a size suitable for framing. Price* $1.00 *each.*

MEDICAL PRACTICE ABROAD.

It has long been and is still, an increasing custom for newly fledged doctors in this country, to go to Europe and tarry there till their beards be grown, walking the hospitals and learning all the "new methods." On their return they are apt to plume themselves somewhat on the foreign knowledge they have attained, and assume an air of wisdom in respect to their less fortunate colleagues whom the *res egesta domi* have condemned to stay at home.

Now, we are altogether friendly to traveling, and an ardent believer in the benefits of intimate national intercourse. With one of Shakespeare's characters, we are of the opinion that "home-keeping youths have ever homely wits;" and we are by no means blind to the advantages which, in special branches of clinical instruction, are presented by the large hospitals of Europe. But the admiration of foreign practice may easily be carried too far. There are probably no physicians in the world who treat diseases more judiciously, whose diagnoses are more accurate, and whose positive success is greater than the well-educated ones of our own country. There are none under whose care an enlightened patient would more willingly place himself.

We have many proofs of this, and it is becoming very generally recognized. Two lamentable proofs occur to us just now. Count Cavour died of a mild attack of typhoid fever—or more correctly, he died of the treatment instituted to cure it. This was repeated bleedings and low diet! Is any reader astonished? We have seen hundreds of cases of this same disease treated in this same manner in the ward, and by the emphatic direction of, no less a personage than the President of the International Medical Congress, Dr. Bouillaud.

A still more recent example is the distinguished Sainte-Beuve Senator and *literateur*, who died on the 13th of October. He, too, perished through the want of skill and the obstinacy of his medical advisers, and they were of course among the most distinguished teachers of Paris. Dr. VEYNE, his friend and physician for fifteen years—a man attached to him by the closest ties of affectionate admiration—believed that he had the stone, but the other medical men who were called in consultation declared him mistaken, and insisted on treating him for a swelling of the prostate and inflammation of the bladder. Of this disease it was announced in all the newspapers that he

had died two days after a severe operation for the removal of an abscess that had formed upon the prostate, and which he bore with wonderful courage. But the post-mortem examination revealed the truth of Dr. VEYNE'S diagnosis. The bladder was found to contain *three* large calculi, of which the largest, says the *Moniteur*, following the *Gaulois*, was the size of a large hen's-egg (*gros œuf de poule*), and the two others were triangular, and measured nine centimetres, a little over three inches.

In respect to practice, not only the medical men, both physicians and surgeons, but the courses of lectures, and the hospitals of Paris, are behind those of America. The condition of the hospitals, indeed, is declared to be very discreditable. The recent deaths of Marshal Niel and Sainte-Beuve are charged directly to malpractice; and if this can happen in Paris to men of their position, what may not be possible among the ranks of the humbler and less known? In Germany, the school of which NIEMEYER is head, sets, indeed, an example of judicious treatment. But who follows the erratic advice of Hebra, or the *a priori* experimentizing of the so-called "rational" teachers?

MEDICAL LECTURES TO MIXED CLASSES.

A fortnight ago several (female) students of the Women's Medical College, of this city, attended a clinical lecture at the Pennsylvania Hospital. Before and after the lecture the male students made some demonstrations, not to be approved in every respect. The daily press made severe comment on the occurrence, not quite undeserved, but we also call attention to the editorial remarks of the *Public Ledger* in this connection. It discusses the question, whether *effective* clinical lectures to mixed classes of male and female students are practicable, and if practicable, whether they are desirable? It is too late, in this age, to attempt to close the doors of the medical profession upon such intelligent and capable women as choose to adopt it. There are a number of women already who are skilful physicians. They have an endowed College and a Hospital in this city. If they wish to avail themselves of the advantages of other hospitals, there should not only be no obstruction, but the doors should be opened to them freely, and this may be done without abating a hair's breadth from either the generosity or the *delicacy* of the welcome which is characteristic of the American gentleman in his intercourse with ladies. The medical teacher, even the most practical and indurated among our experienced professors, must feel a reserve and an embarrassment while delivering his lectures before a class composed of both women and men. He cannot help it. His training as doctor and gentleman has taught him reserve when talking to women on medical subjects, if other men be present. It will take time to break through this barrier. While it exists, any lecture at which students of *both* sexes are present, must fall short of what it ought to be. Hence, as it seems to us, the effort to hold clinics in presence of both sexes, should be undesirable to either, even if it is not impracticable. Both the female students and the male students should seek for separate clinics, in order to promote efficiency of instruction.

Since this occurrence the students of the University and Jefferson Medical Colleges have passed resolutions not to attend the Pennsylvania Hospital clinics. We shall recur to this subject next week.

Notes and Comments.

Intermarriage of Relatives.

We have been requested to publish at length a recent review of Dr. ALLEN'S paper on this subject. This the crowded state of our columns forbids us to do. But we cheerfully insert enough of it to give the reviewer's opinion:

"When a marriage takes place between two cousins, both of whom are in good health, and subject to no abnormal or morbific agencies, being the offspring of healthy parents, we assert that there is no danger that either the bodily health or the intellectual development of the immediate issue of such a marriage will be deteriorated. But when in the parties to a marriage, or in either one of them, a hereditary taint, or a strong proclivity to disease exists, then the evil effects of the taint or the predisposition to disease they inherit will, most certainly, be entailed with augmented intensity upon their descendants by the intermarriage of the latter.

"The nearer the relation, and the more imperfect and diseased the bodies of both parents are, so much the more obvious and extensive will be the injuries inflicted on the offspring. On the other hand, if this resemblance in the two parties to the union is based upon a better balanced and healthier organization, or if even one of the parties be so constituted, the favorable effects will be seen at once in the off-

spring. And the more perfect and healthy the organization, the better and more naturally all the organs in the system perform their functions; with other conditions favorable, the stronger, healthier, and more numerous will be their progeny."

A Strange Sight.

A correspondent writes: "Yesterday I went on board the English ship *Tyril*, now loading with cotton here, to see a piece of human bone, two inches in length, which had been driven into the solid oak deck.

About a month since a sailor fell from the topsail yard, at a heigth of one hundred and twenty feet, struck his thigh on the capstan in his descent, fractured his thigh at the middle third, thrust the lower extremity of the upper fragment through the muscles, and immediately afterwards into the deck. After penetrating the oak plank two inches, the bone was again snapped off about an inch above the deck. The bone has been cut off even with the deck, and is now protected by a brass plate and exhibited as a curiosity.

The most remarkable fact is that the man is a patient in hospital and is apparently recovering without other defect than shortening of the thigh about three inches.

Is it a Libel?

The following extract from an article in a prominent newspaper in this city has been going the rounds of the press, and has been published in the *British Medical Journal*. We call upon the editors of the *North American* for their authority, and for the names of the physicians, as we do not believe the alleged means of death at all:

A Little Girl Poisoned to Relieve Her from Suffering.—A little girl, 12 years of age, living in the nineteenth ward, was nipped in the finger by a dog on the afternoon of July 12. Her name was Georgiana McCready. Three days ago she was seized by the premonitions of hydrophobia. The most distinguished of the profession of medicine were called to her rescue. By their sanction, with that of friends, relatives and all to whom the life of the child was dear, her sufferings were stayed by the merciful interposition of poison.—*Philadelphia North American, Sept.* 24.

The Dry Earth Treatment—The Case of Annie Peoples.

As, by an unusual oversight and omission on the part of all the papers in the city, except one, the termination of the case of Annie Peoples, in which the earth treatment was tried, was incompletely reported, it is due to Dr. Addinell Hewson, who appeared as a witness on the trial, that the following statement should be published:

"In the testimony which the counsel for the defence produced for his client, he did not prove, as in his opening address to the jury he had promised to do, that Dr. Hewson's professional associates at Hospital had repudiated the use of dry earth dressing, and the cross-examination of those gen men by the District Attorney elicited the facts they had applied to offensive sores a preparatio which the chief component is clay, and that n of them believed it to be irritating. The cou for the defense did not produce a single witnes whom such dressings had been applied, to estab that they are irritating, or in any way injurio nor did he produce a single witness to corrobor the testimony of the chief witness for the defe Dr. Chapman. These facts, coupled with tha the alleged prejudice which this witness entertai against Dr. Hewson, and with the actual aband ment by the counsel for the defense of his adop ine, even before any testimony in rebuttal (wh would have included that of patients treated w such dressing, and of eminent surgeons in the c who had been subpœnaed) had been produced, sh that the allegation of malpractice was untrue, a could not be sustained. Judge Ludlow, in charge to the jury, set this forth very emphatica He said that 'the Commonwealth had only pres for a verdict of murder in the second degree. T counsel for the prisoner had conceded that his op ing address as to the maltreatment had fail There was evidence as to fighting, sufficient, p haps, to reduce the grade, and the counsel on b sides had agreed to take a verdict of voluntary m slaughter.'"

Correspondence.

DOMESTIC.

Hypodermic Injections.

Eds. Med. and Surg. Reporter:

Much has been said of late in reference to hypodermic syringe in various painful affectio of its great success in the relief of suffering, and well as the ease and facility with which it n be employed. I have never used it till within last few weeks, but have already learned to value as one of my most useful and reliable agents. T following case may be of some service to such my professional brethren, who like myself, h known it only by hearsay. This, with the fact t I have never read of its employwent in a simi case, is my excuse for sending this article.

On the morning of Oct. 31st, Drs. Whitak Newell, and myself, were called to attend Mich Stokes, who had been run over by a steam engine. We found our patient in a state border on collapse, and after ordering stimulants had h removed to his residence. After removing his clo ing, and making a careful examination, we fou an oblique fracture of the right femur, with a co minuted fracture of the lower extremity of the ti of the same side. The tibia and fibula of the limb were fractured transversely in the upper thi

In reducing this complicated injury it was nec sary to take some measure for the prevention of

acute suffering which would naturally accompany our manipulation. His physical condition rendered chloroform inadmissible, and we had recourse to hypodermic use of sulphate of morphia. We accordingly injected gr. ½ in the fleshy part of the *forearm;* the effect was seen in three minutes, when we reduced the fracture and applied the splints to the right limb without any complaint on the part of the patient. Another gr. ½ was then injected with the same happy result, the two doses being sufficient to keep him quiet during the whole dressing, which required some three hours.

The important points, to my mind, are: 1st. We were enabled to remove the pain, when chloroform was contraindicated. 2nd. The amount used was not more than one-fourth of what would have been required if administered by the mouth, and the effect was almost immediate. 3rd. Any anæsthetic, properly so called, would have required a special assistant for its administration and control.

I think the above case shows that the "syringe" may be used with advantage in cases of fracture and kindred injuries, where chloroform is either inconvenient or contraindicated.

Millville, N. J. H. C. Smith, M. D.

Opiates in Labor.

Eds. Med. and Surg. Reporter:

I have read the essay of Dr. Brubaker, in your last Reporter, with much interest, believing that it leads in the right direction. But if the use of opium in parturition for more than half a century has taught me anything, it is that Dr. Brubaker has stuck his stakes too soon; that he has not reached the end of his journey; that he, too, has failed fully to illustrate that peculiar condition of the maternal organs in which opiates have been found so peculiarly effective. In my endeavors to go a step further in the illustration of this interesting subject, I do not claim to have reached its ultimate limits. The Doctor says:

"Can the condition of the parturient organs, which calls for the use of morphia, be as definitely stated as that requiring the use of ergot? In my opinion it can."

"The chief, if not the only difficulty, lies in *the rigidity of the os.* The vagina is sufficiently relaxed and moist. The woman has been suffering the greatest agony, for many hours, from *the pains of dilatation.* There are also active contractions of the womb; and *the only obstacle to a speedy completion of the labor is the unyielding os.*"

I am aware that age and experience sometimes render us more vain and loquacious than wise; and this may be my case; others must judge. My object is to make a few comments on those parts of the above quotation which I have italicized.

"*The rigidity of the os.*"—This is conceded to be a *concomitant condition* in those cases where morphia exerts its happiest influence; but not "*the only obstacle to a speedy completion of the labor.*" The rigidity of the os is only a part—a small part—of the difficulty. The same *rigidity* extends to the circular fibres of the *body of the uterus,* in the form of spasmodic contractions, while the longitudinal fibres are thrown into an atonic state by the missdirection of their nerve-power, to the circular tissue. It seems to be a misnomer to call the suffering produced by those spasms "*the pains of dilatation,*" when they so effectually retard it. There are, probably, cases of rigidity of the os without the coincident spasmodic condition of the body of the uterus which I have mentioned, and where morphia will be less likely to display its wonderful parturient powers.

Perhaps it may be said that the condition of the muscular tissues of the uterus is a mere *hypothetical assumption,* and wholly destitute of proof. Not so. I believe the careful observer and dexterous manipulator will generally find the proofs ready at hand, when such cases occur.

And what are those proofs?

1st. The same *touch* which reveals the rigidity of the os, will teach him that the rigidity is increased, and that *a contraction of the os takes place during the pains.*

2d. A tactile examination of the abdomen during the pain will discover a *change* in the form of the uterus from *pyriform to cylindrical,* in a greater or less degree. As a consequence of this change, the uterus becomes elongated, and the fundus is pushed upward.

3d. The premature discharge of meconium, from the bowels of the child. In breech presentations, this takes place very early; *before* strong expulsive efforts have commenced. I have known it to occur through a very contracted os. In head presentations, when the child is born, a copious discharge of meconium will immediately follow; having been pressed out of the infantile bowel, and retained in the fundus of the womb.

4th. The body of the child affords unmistakeable evidence of compression. The abdomen is collapsed; and the whole muscular system relaxed, and flabby. In some cases, the child is unexpectedly still-born; owing probably, to the unfortunate pressure of the cord, upon some prominent part of its body.

5th. The same sudden remission of pain; relaxation of the os, and accession of expulsive efforts, sometimes occur simultaneously, irrespective of remedies; as we see them do where morphia had been administered. These phenomena, whether occuring spontaneously, as produced by opiates, clearly indicate to my mind, the cessation of circular spasm, and the institution of longitudinal contraction. I have often had reason to believe, that this happy

change may be hastened, by firm pressure upon the fundus uteri, with the hand, during the pains, and a gentle support, of the same kind, during the intervals.

6th. It may not happen, in any specific case, that all the proofs here adduced will be equally obvious to the attendant; but, if I am not mistaken, enough may always be gleaned to sustain the views which I have presented. I hope that these brief and desultory remarks will induce some of my readers to carefully observe and faithfully report their observations in such cases.*

A word to the wise is sufficient.

E. Michener, M. D.

New Garden, Chester Co., Pa.,
10th mo. 27th, 1869.

* Another inferential proof may be drawn from the fact that in some cases after the birth of the child, and before the expulsion of the placenta, a clonic spasm of some of the muscular fibres surrounding either the body of the womb, or one of its cornua, takes place, producing hour-glass contraction, while the rest of the organ is in an atonic state.

Remarkable Results of a Fracture Treated by Smith's Anterior Splint.

Eds. Med. and Surg. Reporter:

The following case shows a result which, under the peculiar circumstances, could not have been accomplished by means of any other apparatus known to be used in the treatment of fractures.

On the 17th of March last, whilst stationed on the Rio Grande, I was called to see a Mexican *vaquero*, who had met with a fracture of both bones of the leg, caused by his horse falling on him during an attempt at lassoing a wild ox. Arriving a few hours after the accident occured, the limb was found presenting all the symptoms of a simple oblique fracture in the middle third; and the anterior suspension apparatus was immediately applied, to the evident comfort and satisfaction of the patient. A few days afterwards the patient's friends desiring to move him without seeking further medical advice, placed him astride a mustang pony and caused him to ride a distance of twelve miles, at the same time crossing the river. Strange to relate the patient suffered but little inconvenience from the journey, and the splint, which I flatter myself was well applied, did not become misplaced or disarranged. Six weeks after the injury was sustained recovery was complete. There was no deformity, shortening, rotary displacement, or any other untoward symptom.

Irving C. Ross,
A. A. Surgeon, U. S. A.
Artillery School, Fort. Monroe, Va., Nov. 1. 1869.

——Dr. Alonzo B. Palmer, of Ann Arbor University, Michigan, has been appointed lecturer on Theology (Theory?) and Practice of Medicine, and Dr. Alfred Mitchell, of Brunswick, lecturer on Pathology in the Maine Medical School, at Bowdoin College.

News and Miscellany.

The Plague Spot.

A correspondent writting from Lima says:—In my last letter I mentioned the extraordinary phenomenon, near Locumba, which causes the death of all animals that approach that fatal spot. I am now enabled to give you some particulars. An American gentlemen, who passed over the locality, confirms the previous reports. On the Locumba road about 22 leagues from Tacna, there exists what is here termed a *dry arroyo*, but in fact is the bed of a former river, into which, from time immemorial, no water has been known to pass.

During the late earthquakes, which destroyed Arica and partly Tacna, the shocks were strongest in the neighborhood of Locumba and the *Arrieros*. A mule driver reported that one of the mountains near the *arroyo* had been split open, and a small stream of fetid water was oozing out of the mountain into the *arroyo*. No attention was at first paid to the fact, nor to the mortality among the animals that visited the neighborhood. It was only when the people began to leave Tacna and flee from the scourge of the yellow fever, which was devastating the cities to the valley of Locumba, that they become aware of the fatal effects upon their animals, at a distance as much as eight and ten miles from the *arroyo*.

"The stench," says my informant, "I can compare to nothing else than old bilge-water, of the smell of which you become painfully conscious. Within twelve miles of its source, my horse dropped down under me, and in five minutes he was dead. He vomited three or four times a thick black substance similiar in consistency and appearance to the black vomit. I was thus left to walk fifteen miles to the nearest house, two-thirds of which I may call a mules' graveyard, so thickly was the old road covered with them. The cause of this singular freak of nature is unknown; but it seems that the gases which have impregnated the atmosphere produce the vomit and death of the animals that inhale it. What these gases are composed of science alone can solve.' A commission has been ordered by the government to examine into this extraordinary matter and report upon it.

The Central Ohio Lunatic Asylum.

We learn from the Ohio *State Journal*, that the ceremony of "breaking ground" for the new Central Lunatic Asylum, at Columbus, Ohio, was performed on the 26th ult., the Governor and other State officials, municipal officers of Columbus, and Dr. S. M. Smith, President of the Board of Trustees, and others, taking part in the exercises.

The new building is to have a front of 966 feet.—

The centre of the main front will be near where the fountain was, or about one hundred feet nearer Broad street than the front line of the old building. This central building is to be four stories high, with mansard roof. There will be two wings, one on the east and one on the west, with a central building extending back as on the old plan. These wings will be on the new plan of constructing such buildings, retiring by sections, each section taking in a grade or class of patients.

The west wing will be devoted to men and the east wing to women, the two accommodating about four hundred patients.

The Central Building front will be devoted to offices and business rooms.

The Central tower and spire will be 162 feet high and the roof of the central portion of the front view about 80 feet high.

The building will be of brick and stone, and will be fire-proof. Much work has been done already, and it is thought the excavation can be completed this fall. The old walls are being torn down, and everything looking to the early completion of the building will be pushed forward as rapidly as possible.

Prevalent Diseases.

In close connection with the prevalence of "foot-and-mouth" disease amongst cattle, there is extraordinary frequency of stomatitis, and of allied diseases, amongst children, not only in London, but in Glasgow and many other large towns. At the North-East Children's Hospital, more than two hundred cases of stomatitis have been under treatment during the last four months. There have been several well-marked instances of contagion, not in members of the same family only, nor in inhabitants of the same house or street. The eruption differs from the ordinary form of sore mouth, by attacking apparently healthy children; by being attended with an elevation of temperature (100 deg. or 101 deg. being common), which often falls considerably as soon as the eruption on the mucus membrane is fairly pronounced, by the appearance of the crop of vesicles all at once, or almost so, and being apparently unattended by any visible cryptogam, or pelicular exudation, in the earlier stages, or in healthy children. In weak children, after some days, oidium albicans, and the so-called leptothrix buccalis, are often found. This form of stomatitis is generally promptly relieved by the free use of chlorate of potash. Besides this, varicella is more than commonly prevalent, which has in many cases proved unusually severe, and in one case fatal.

The Social Science Congress.

At the meeting of the Social Science Congress, in Bristol, England, several important questions were discussed in the Public Medicine Section, under the presidency of Dr. Symonds. On October 1st, the President read a paper on Proposed Legislative Prevention of Drunkenness. His arguments were based on the assumption that a drunken man was in an unsound state of mind, and should be protected from himself and other people as much as a lunatic. Two resolutions were proposed: 1. "That the penal laws repressive of voluntary drunkenness should be more rigidly enforced;" and 2. "That dipsomaniacs should be liable to deprivation of liberty, with a view to their protection and reformation." The resolutions were seconded and carried—the first unanimously, and the second with one dissentient. On Hospital Management, Miss Duck contributed a paper in which she urged various improvements in the conduct of large public institutions. Dr. Lankester admitted that the proportion of deaths in large hospitals was enormous, in proportion with the number of deaths from the same diseases out of the hospitals. He was in favor of cottage hospitals.

Carbonic Acid Gas.

A method has recently been introduced in England of preparing carbonic acid gas, so much used in mineral water fountains, by heating a mixture of sulphate of lime or plaster of Paris and charcoal or coke in retorts like those in gas works. Carbonic acid gas, however, is now manufactured in the United States by dissolving bi-carbonate of soda in weak sulphuric acid. The carbonic acid gas is set free, and a solution of sulphate of soda or Glauber salts is left in the apparatus. This latter method is much preferable to the common plan of subjecting carbonate of lime or marble dust to the action of sulpuric acid, whereby an insoluble sulphate of lime remains.

The Colors of Foliage.

The London Athenæum says: "Experiment has confirmed the conclusion of an American scientist that leaves turn red, at the end of the season, through the action of an acid, since one of the elements producing the green color must be a vegetable blue. Autumnal leaves placed under a receiver, with the vapor of ammonia, in nearly every instance lost the red color and renewed their green. In some, such as the sassafras, blackberry, and maple, the change was rapid, and could be watched by the eye, while others, particularly certain oaks, turned gradually brown without showing any appearance of green.

Insanity in France.

It appears that lunacy is increasing in France at a rate out of all proportion with the growth in population. Official statistics show that in 1851 the total number of idiots and lunatics was (in round numbers) 46,000; five years later there were 60,000; in another five years, they had risen to 84,000; and n1867, they numbered no less than 90,670.

Insanity Items.

Sixteen insane soldiers from the Department of the Pacific were received at the Government Hospital for the Insane at Washington, October 28. This is the the first arrival of this class of army patients from the Pacific Coast. Under a recent order, all insane soldiers are to be provided for at the insane asylum here.

Another horrible tragedy, by an insane man, occurred in Evath county, Canada, early in October. James M'Carty, who is about thirty-five years old, had for sometime shown decided symptoms of insanity, but was permitted to go at large, until in a frenzy he took the lives of his aged father, Rev. Mr. Hurley, a friend, and of his own son, six or seven years old. His wife escaped. A "lettre de cachet" would have saved these lives, but the physician who furnished it might have been dragged before a court for his pains, because, forsooth, under the restraint of a hospital he did not appear to be violent! We fear that it will be a long time before the evils caused by the recent sensational insanity literature will be removed.

The English papers publish an account of an insane man, seventy-four years of age, who had been kept chained night and day for *sixty years!* He was in a private family.

Dr. A. B. CABANISS has been removed from the charge of the State Lunatic Asylum, at Jackson, Miss., and Dr. DEASON has been appointed in his place. The change was made by the military authorities—the state being still "unreconstructed." We are not informed of the cause of the change, though a Jackson paper before us attributes it to partizanship, a charge which we should hope was unfounded.

Army and Navy News.

Changes in the Navy.

Passed Assistant Surgeon, H. A. Beaumont is detached from the Naval Hospital at New York and ordered to the receiving ship *Potomac.* Passed Assistant Surgeon Joseph Hugg is detached from the *Potomac* and ordered to the Philadelphia Navy Yard. Assistant Surgeon B. S. Machel is detached from the Naval Hospital at Pensacola and ordered to the Naval Hospital at New York.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

BAKER—FISHER.—On November 3d, at the Third Presbyterian Church, Germantown, by Rev. W. E. Ijams, pastor, Charles A. Baker, M. D., and Helen L. Fisher, both of Philadelphia.

BROBST—MOHR.—At the house of the bride, Oct. 26th, by Rev. A. S. Leinbach, Dr. James C. Brobst, of Leesport, and Miss Emma E. Mohr, of Mohrsville, Berks county, Pa.

CHASE—SHERWIN.—In Proctorsville, Vt., Oct. 28th, at the residence of C. H. Chapman, by Rev. A. B. Flanders Rector of St. Luke's Church, Chester, Dr. Clinton S. Chase, of Springfield, Vt., and Miss Lizzie H. Sherwin youngest daughter of the late Charles Sherwin, Esq., of Weathersfield, Vt.

COOK—BENEDICT.—In Brooklyn, Nov. 10th, at the residence of the bride's parents, by the Rev. Henry Ward Beecher, Charles P. Cook, M. D., of Hudson, N. Y., and Rosaline S., daughter of Roswell S. Benedict, Esq.

GIBSON—TURNER.—On November 4th, at the residence of the bride, by J. H. Simmons, J. P., Dr. M. Gibson and Mrs. Lucy Turner, all of Felicity, Clermont county, Ohio.

KIMBALL—EVERETT.—In Boston, Nov. 2d, by the Rev. W. H. H. Murray, Horace Kimball, M. D., of New York City, and Marianna H. Everett, of West Newbury, Mass.

REX—STEVENSON.—In this city, on the 7th inst., by the Rev. George Bringhurst, Oliver P. Rex, M. D., and Anna B. Stevenson.

DIED.

GILCHRIST.—Dr. Edward Gilchrist, surgeon in the United States Navy, and resident physician of the Chelsea (Mass.) Naval Hospital, died suddenly, Nov. 6th, aged 52. He entered the Navy in 1832.

SCHAPPS.—In Brooklyn, Nov. 6th, Ellie L., daughter of Dr. C. H. and Jane Carpenter Schapps.

WISDEN.—Mrs. Anna Wisden, November 2d, of consumption, near Reading, Ohio, aged 22 years and 8 months, wife of Thomas Wiston Wisden, and daughter of Dr. Duncan, of Winchester, Ky.

QUERIES AND REPLIES.

Spiritualism.

A correspondent writes us:—"If I may so far trespass on your valuable time, will you please inform me, whether any satisfactory explanation, of what is termed 'spiritualism" has ever been given by *scientific* men?

Of course I do not accept the '*spiritual*, theory but admitting the facts, it seems to me they are worthy of investigation and explanation."

ANSWER. We believe that every one of the so called "spiritualistic phenomena" is a trick and a deception or the result of nervous disease. We have belonged to a "circle" and seen some wonderful manifestations and after we were completely puzzled, and like Festus, almost persuaded, the medium has kindly explained some of his most startling "manifestations." Last year, we agreed to pay the expenses of a medium, from Chicago to this city, and add a *douceur* to boot, if he would perform in the Pennsylvania Hospital before several eminent physicians of this city, what he wrote us he could perform.

He came, tried, and—*failed*, in several seperate trials. We kept our money, and he—his peace. We here and now make the same offer to any medium in America. But there must be no under-the-table, or in-the-dark manœuvres. A fair field, no favors, and expenses paid are what we offer. Who'll try his (or her) hand?

METEOROLOGY.

NOV.	1,	2,	3,	4,	5,	6,	7.
Wind.....	S. W.	S. W.	W.	S. W.	S. W.	W.	N. W
Weather.	Cl'dy	Clear	Clear	Clear	Cl'dy Sh'y T & L 1-10	Cl'dy	Cl'dy Snow squ'y
Depth Rain							
Thermom....							
Minimum..	23°	30°	31°	22°	40°	31°	29°
At 8, A. M.	35	44	40	42	48	42	38
At 12, M...	43	53	56	55	53	50	42
At 3, P. M.	44	53	54	56	54	50	39
Mean.....	36.25	45.	45.25	41.25	48.75	43.25	37.
Barometer..							
At 12, M...	30.1	30.1	30.1	30.1	29.9	29.9	29.8

Germantown, Pa. B. J. LEEDOM.

Nov 7, 30, 1871

THE

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Communications.

ON THE REMOVAL OF ENLARGED TONSILS WITHOUT CUTTING, WITH 123 CASES.

By A. Ruppaner, M. D.,

Of New York City.

(CONCLUDED.)

Case 5.—Mrs. B. C——, about thirty-two, had suffered several years from repeated attacks of quinsy, complicated with bronchitis. The least exposure to wet and cold was sure to bring on an attack of sore throat and cough. Gifted with a fine voice, she was obliged to discontinue singing altogether, as the least exertion in that direction made her more hoarse.

To escape our severe winter weather, Mrs. C. visited the South annually, and had just completed her arrangements for departure, when she consulted me in December, 1865. Condition: Fauces congested, uvula elongated, tonsils much enlarged, and bearing the marks of repeated ulcerations, catarrh well marked, epiglottis depressed, the larynx congested, the voice husky and weak.

Proposed to remove the uvula and tonsils, which at first was strongly objected to, principally because she had been advised not to have the tonsils removed, lest the disease might go to the lungs. As I, however, regarded the removal of the tonsils as the only means of putting an end to her sufferings, and willing to assume all responsibility of future untoward consequences, I obtained her consent, and removed the tonsils with the paste leisurely, and with great care.

In consequence of her delicate constitution and nervous temperament, the process was slower than usual, but resulted in complete success. Far from the disease going to the lungs, or the voice becoming weaker, Mrs. C. has recovered her voice, and has had no attack of sore throat, whatever, to this day, to require interference on my part.

Case 6.—A. G., æt. 10, a girl of strumous constitution, was brought to me by her father, upon the recommendation of his family physician.

Unusually intelligent for her age, she was, on the other hand, thin, pale, weak. Her speech was thick, so as to be scarcely intelligible at times to her parents and friends. But what first attracted attention was her loss of hearing. Slightly defective at first, a watch became inaudible, even when held close to the ear. Her respiration was affected, and sometimes she complained of pains in the chest, with headache, giddiness, dimness of sight, pointing to a disordered circulation in the brain, great susceptibility to colds in the head, and attacks of quinsy, which latter disease left her each time in a worse condition than before. Such symptoms could only be produced by confirmed tonsillary disease, and on examination I found, of course, both tonsils of such enlarged size as almost to obliterate the aperture between the mouth and pharynx.

Could not obtain consent to the operation of excision. Applied, therefore, the paste every other day or so, till the hypertrophy was removed on both sides. Tonic and alterative medicines were also administered.

First of all, the hearing, so much impaired, gradually, but steadily improved, and remained perfect to this day. The general health—respiration, digestion, strength and growth, much retarted as might be expected at first, underwent soon a marked beneficial change, and the misery consequent upon the complaint gave way to health and happiness.

Case 7.—Susan M., æt. 19, school mistress,

was referred to me, suffering from an acute attack of cynanche tonsillaris, complicated with a sub-inflammatory affection of the trachea and larger bronchi. This latter condition, I became satisfied, depended upon the diseased tonsils. The least exposure to wet or cold, the least draft, etc., brought on an attack of quinsy. Gargles, stimulant and astringent, and caustic applications, proved of no avail. She had often been advised to have the tonsils cut out, but could not, on account of fear, submit to the operation.

The acute symptoms having subsided under appropriate treatment, she finally consented to have the tonsils reduced by the paste. After seven applications they were sufficiently reduced to the delight of the patient. All throat troubles ceased from that moment, and the improvement in health and strength has been most marked.

Case 8.—A medical friend sent to me Mrs. B., æt. 27, who had enlarged tonsils with irritable throat. An effort had been made to reduce the enlarged glands by the application of the solid nitrate of silver for a continuous period of two months without success, except that there were a few holes in the gland. I applied the paste and succeeded in removing the hypertrophy after six applications. Having been under the treatment so long it seemed to her almost impossible that the tonsils could have disappeared already. An examination of her own throat by reflected light, however, convinced her of the fact. Her general improvement was equally rapid and satisfactory.

Case 9.—Mr. A. M., æt. 36. has been aware that he suffered from enlarged tonsils for years, but owing to a prejudice of his mother against any operation, could not make up his mind to have the troublesome glands excised. Of late his sleep had, however, been much disturbed, and he was accused of snoring so loud that those who slept near him on the same floor had no chance of rest. Annoyed by these frequent complaints of others, he appled to me for relief. I stated the sine qua non to be excision or the paste. Of course, he chose the latter. Twelve applications sufficed, and, therewith, was also an end to the snoring and subsequent complaints.

Case 10.—Mr. H. B., a gentleman of large and robust build, aet. 55, enjoys excellent health, with the exception that he has suffered for over twenty years with periodical attacks of ulcerated sore throat and quinsy. Aside from the constant anoyance caused by the disease, he had always a dread, least the disease, being cured and driven from the throat, might make its appearance in some other form in his lungs. Hence he refused any applications, nor would he consent to a removal of the tonsils.

In September of 1868, returning from a long and fatiguing journey on business West, during which he caught a severe cold, I was telegraphed to meet him at once at Albany the next day. Arrived there, I found my patient suffering from an extremely severe attack of quinsy with extensive submucous inflammation of the adjacent parts. Too late for an operation, I ordered the necessary remedies until the tonsils should be in a condition to be relieved of the pus that was gathering, and advised the patient to stay in Albany for a few days. This he declined to do, prefering to go home to Rutland, there being no immediate danger to be apprehended, except the great discomfort from which he suffered. Three days later I was telegraphed for to visit Rutland, as Mr. B. had not improved, but was rather getting worse. Arrived there I found the aspect of things entirely changed. The tonsils were much swollen, and in a condition of suppuration. The uvula was also much swollen and laying between or rather upon the point of union of the enlarged glands. The surrounding cellular tissue of the pharynx and post-nasal space was œdematous, and in some parts there were collections of pus. Scarcely able to breathe, the patient was much reduced in strength, not to speak of his inability to swallow food. Pulse, 110; face flushed. I proceeded to make several free incisions into both tonsils so as to evacuate the pus. The quantity discharged from these incisions was something surprising. Incisions were also made into the sub-cellular tissue of the pharynx from which pus freely discharged. The relief afforded was at once marked and gratifying. Breathing was rendered easy, and swallowing at least tolerably passible. Later in the day the uvula was also excised.

From the following day, when I returned to New York, till two months later, when Mr. B. visited me, all went well. The inflammation had subsided, the uvula healed, but the chronic enlargement of the tonsils of course remained. I proceeded now to apply the paste regularly every other day. In three weeks the glands had disappeared. Subsequent treatment also relieved him of his catarrh. He has continued well to this date, and tells me that he has not felt so well for twenty years.

Case 11.—Master H., æt. 12, was brought to me by his father, presenting the usual symptoms of enlarged tonsils, viz: Difficult breathing, imperfection of speech, impaired hearing and snoring at night. Has an attack of quinsy every few months. Naturally strong and robust, he is now pale, weak, unwilling to learn or to play.

The paste was applied to the enlarged glands as usual. In a few weeks a marked improvement was visible in his hearing, breathing and speech. He is entirely restored.

Case 12.—Miss D., a bright little girl of 13 years, was brought to me October, 1868, at the instance of an uncle of hers, also a physician, for the purpose of getting relief from enlarged tonsils, which had already, but too visibly, produced all the injurious consequences so common in cases of this class.

One of the tonsils was excised with the guillotine, the other, long in shape and deep set, was removed by the paste. Later the uvula, much elongated, was also excised. The girl improved rapidly, and thus far I have not heard of any relapse.

I shall conclude this recital of cases with the statement, that in one family I have operated in two, and in another in three cases, nearly at one and the same time with perfect success. The patients were all young; girls and boys between the ages of 10 and 14.

Resume.—The extreme prevalence of tonsillary enlargement in our climate, and the many morbid conditions of the adjacent parts thereby engendered, as illustrated in the foregoing cases, and as might be enlarged upon by many more, deserve, I think, more than a passing notice.

What then are the most common effects produced by these morbid glands, and what important functions are embarrassed and often seriously injured thereby?

1st. The general health becomes deranged, and the growth of young persons is thereby arrested. A single inspection of the enlarged tonsils will demonstrate that foul secretions issue from the numberless lacunæ with which the tonsils are covered. Naturally, the food in its passage from the throat to the stomach must become impregnated with these foul secretions, and instead of reaching the stomach in a pure state, becomes an instrument of disease in that very organ through which it ought to supply nourishment to the body.

2d. The headache, of which such persons often complain, though, no doubt, in part due to the derangement of the stomach, is chiefly owing to the pressure of the enlarged tonsils upon the carotid artery, by which the supply of blood to the brain is diminished, and bodily and mental development impaired.

3d. The air which the patient breathes is rendered impure in its passage over the diseased tonsils into the lungs. There is little, if any difference, between this state of things and living in an unhealthy atmosphere. Impure air must injure the blood in its passage through the lungs, and the blood in turn, thus imperfectly arrested, must become the instrument of carrying the end of disease to every part of the body.

Again, much injury is done, because in cases where the size of the tonsils is so considerable as to approximate together very closely, with the uvula laying between and above, the aperture for the ingress and egress of the breath is very small. This condition is aggravated by the thick, viscid secretion, which exudes from the glands and seriously interferes with respiration. In such cases *suffocation* becomes imminent, if these diseased tonsils become inflamed. Take good care not to mistake such a condition of things for an affection of the lungs, for the seat of the hard breathing and rattling is not in the chest, but in the throat. During and after the period of first dentition, many a mother has witnessed such an attack in her child, but ascribed it to the wrong source.

In conjunction with this obstructed process of respiration is found the impediment of swallowing, varying in degree with the size of the diseased glands and the calibre of the throat. It may amount from a slight difficulty of swallowing to a degree that every morsel of food which is swallowed occasions severe dyspnœa, or may even be followed by momentary, spasmodic closure of the larynx, during which the person is in imminent danger of suffocation.

Such persons always breathe with their mouth open; the nostrils are enlarged, the alæ nasi in constant motion, and peculiarly erect; during sleep they have their eyes only partially closed, and snore, which is to be ascribed to the vibrations of the pendulous palate stretched out upon the tonsils.

4th. This unhealthy state of the throat, that is, this constant effusion and accumulation of unhealthy mucus from the diseased glands renders every person, more or less, liable to ca-

tarrhal affections, which may, and generally does, extend to the naso-pharyngeal space above, and the larynx, trachea and bronchi below. Rarely do they pass through a winter without an attack of quinsy or inflammation of the trachea. An irritable condition of the throat remains, predisposing to bronchial affections, which may return every season with increased severity. Too much importance cannot be attached to the fact, that children with enlarged tonsils incur much greater risks when they become subject to eruptive fevers, such as *measels* and *scarlatina*, or to those other dreaded diseases of childhood, *croup* and *whooping cough*, than children whose throats are in a healthy condition. These facts are so true and constant, that every physician can bear testimony to their correctness. And I have operated on children with throat disease who had suffered repeatedly from attacks of croup, in whom these attacks entirely ceased after the removal of the tonsils.

5th. Persons afflicted in this manner are also regularly liable to attacks of *aphonia*, the result of irritation and relaxation of the vocal cords. Young ladies are especially subject to this complaint. When they attempt to converse, but more particularly when they undertake to sing, this annoyance is very great, as the voice is always husky.

6th. Another well marked result of enlarged tonsils, is the deterioration known by the term of *thick speech*, which, according to the position of the glands in the throat, may be termed either *guttural* or *nasal*. In the former case, when the glands project from the palatine arches, and hang down towards the glottis, the words are mumbled together in a confused manner, the person cannot be understood at the usual distance, and we approach involuntarily as if to catch the sounds of the voice which lacks flexibility, expression, and is monotonous. In the latter case, the morbid growth extending upwards, encroaching upon the cavities of the naso-pharyngeal space, the voice becomes *nasal*; the individual talks, as the phrase goes, *through the nose*, which, however, is not the case, as the person cannot speak through the nose, but lacks that very essential which gives to the voice its "*timbre*," that is, speaking through the nose as well as through the mouth.

But the baneful influence of enlarged tonsils upon the general developement of speech is most forcibly brought to our mind in the observation of young children just learning to speak. The mother wonders why the child learns to talk so slowly; why it is that the little one is often unable to pronounce certain letters; the unwillingness of the child to utter distinctly what it is told to, and the unconscious desire to give vent to other sounds instead. A single glance into the throat of the child explains the whole difficulty, the cause, effect and remedy.

Equally true it is, that children who at first speak properly and distinctly, when enlarged tonsils make their appearance are gradually unable to speak intelligibly and perfectly. The tone of the voice becomes unpleasant, words are frequently slurred over or only partially pronounced, until it is difficult to understand them.

7th. Enlarged and diseased tonsils give very often rise to partial or complete deafness by pressing upon the guttural extremity of the Eustachian tube, thereby either partially or completely closing it. Nor is this the only manner in which enlarged tonsils can affect the organ of hearing. In consequence of the constant irritation produced in the throat by the enlarged glands and the unhealthy mucous exuded therefrom, the mucous membrane of the pharynx, nasal passages, eustachian tubes and cavities of the tympanum, is in a constant state of inflammation. The patient suffers from constant colds. No sooner is one attack removed, another follows. This catarrhal inflammation, either acute or chronic, which is constantly observed, is in itself sufficient to impair the hearing. Examining the opening of the Eustachian tube by the rhinoscope, we often find mucus lodged in the tube. When this is dislodged the hearing is restored, unless the membrane of the tube has become thickened by constant irritation and inflammation.

It seems then, after the above exposure of patent facts, a further justification of operative proceedings for removing enlarged tonsils, either by the knife or by the paste, is unnecessary. Still, when we speak of removing or excising the tonsils, a misapprehension exists, among physicians sometimes, but still oftener in the mind of the unprofessional public.

Why remove the tonsils? What were they put there for if they are to no purpose? Have they not some function to perform in the animal economy? Let it be well understood, that the tonsils in a healthy state are never interfered with. When enlarged, that is *diseased, only the enlargement*—the diseased part—is removed, and enough of the gland is always left for the secretion of mucus.

THE PRACTICE OF VENESECTION.

By Frederick Horner, Jr.,

Of Virginia.

Under this head is comprehended every artificial discharge of blood made with a view to cure or prevent disease. A myth of Egyptian history informs us that it was taught the ancients by the hippopotamus, which is said to perform the operation upon himself. On these occasions he comes out of the river and strikes his leg against a sharp pointed reed; as he takes care to direct the stroke against a vein, the consequence must be a considerable effusion of blood, and this being suffered to run as long as the creature thinks proper, he at last stops up the orifice with mud.

The peculiar effect of blood letting is to diminish the quantity of the circulating mass by the amount abstracted; afterward to lessen, especially, the proportion of red corpuscles. The loss of a sufficient quantity of blood will always produce syncope. The amount requisite for this effect varies greatly in different individuals. In plethora more is required than in health. When strong determinations of blood to the brain occur, the bleeding may often proceed until symptoms of approaching syncope appear.

To Dr. Benjamin Rush belongs the credit of recommending, in this country, the practice of venesection. In his Inquiries, vol. III., he says: "I shall long regret the loss of three patients who might probably have been saved by bleeding. When the pulse is tense and full it is indicated; used early on the first day, it frequently strangles the disease in its birth, and generally renders it more light and the convalescence more speedy and perfect." In fevers termed congestive, where the powers of life appear to be depressed, in consequence of the accumulation of blood in the internal organs, the abstraction of blood is beneficial. The presence of the buffy coat in the blood is regarded as a sign of inflammation, indicating an undue predominance of fibrin.

A tolerance of venesection is greater in the male than in the female, greater in adult age than at either of the extremes, least in the nervous and greatest in the sanguine temperament.

On board the naval vessel, Jamestown, at the time at anchor off Buenos Ayres, the writer was called to visit an officer with symptoms of congestion of the brain. After copious depletion had been practiced, the full pulse, stertorous breathing and loss of consciousness were relieved. Both epidemic influenza and variola prevailed in our squadron.

The value of venesection, however, is most strikingly illustrated in obstetrical practice. In the Southern States it is common for women enceinte, to have blood-letting performed once or twice previous to their accouchement.

Case 1. Mrs. B., in labor. She was a middle aged lady and very fat; had felt no signs of quickening for two weeks; after waiting twelve hours, the entire night, and resort to morphine and other remedies, she was bled copiously and took minim quantities of mixture of ergot. The delivery was soon accomplished.

Case 2. This patient had been in labor for two days and nights. Bleeding was in this instance resorted to with the like happy results.

Case 3. A domestic, in whom premature labor was induced by over-exertion. In order to relieve the acute suffering which was due to the violent contraction of the muscles of the uterus, in vain attempting to expel from its cavity a dead fœtus, copious blood-letting was practiced. The delivery was prompt, saving the life of the mother, and furnishing additional proof of the value of the lancet in cases where the efforts of nature, medicines, and the usual manipulations prove unavailing.

In conclusion of this plea for the judicious use of the lancet to palliate, cure or prevent disease whose character and origin are well understood, and also the peculiar constitution of the patient, no higher authority can be furnished than Professor J. Forsyth Meigs. In the Pennsylvania Hospital Reports for 1869, this eminent physician says:

"It has become evident within a very few years that the profession is disposed to review its complete condemnation of blood-letting, and we may well hesitate before we abandon the use of this powerful agent."

FIVE CASES OF PLACENTA PRÆVIA.

By H. L. W. Burritt, M. D.,

Of Bridgeport, Ct.

Case 1.—Mrs. B., age 35, German, second labor, had whooping cough about eighth month very severe; slight hemorrhage half dozen times before full period, but easily controlled by vaginal astringents and occasional 10-gr. doses of Dover's powder; after three hours

moderate pains, she suddenly passed a great quantity of clots, vessel two-thirds full, and fainted. I saw her a few minutes after and gave milk freely. Examination disclosed the placenta covering the os dilated about an inch, and soft. The hand was gradually introduced, filling the os and preventing loss of blood, and the child turned by the feet, brought down in ten minutes; withdrawing the hand, gentle traction was used, the head causing a slight delay; the child was born in 15 minutes, dead, from the first introduction of the hand. The after-birth came easily, and the woman, though with a bleached, bloodless face, made a good recovery.

Case 2.—Mrs. E., age 30, English woman, of good health, and stout, was taken in her third labor with violent pains and free flooding; half an hour after the first pain, when I saw her, os open one inch, rather hard, a tampon was introduced, and held by the hand firmly in place; pulse being 85, and very weak. Brandy ʒiv, acet. plumbi ʒss, morphiæ gr. ¼, was given immediately. In half an hour the pressure being great on the tampon, and pains still severe, and some blood still escaping, everything was removed, and the fingers doubled together gradually forced through the os, (which was dilated about an inch, and the placenta on posterior edge,) into the womb. Fœtus turned rapidly and feet brought down, and the child quickly born alive, followed by the placenta. The os and womb contracted well, and the patient, although pulseless and bloodless almost to appearance, with stimulants and good diet, recovered well after three weeks strict confinement to her bed and close attention—a life saved, as I think, by sugar of lead and morphia.

Case 3.—Mrs. M., strong, healthy Irish woman, aged thirty-four, fourth labor, sent for me three, P. M., said she had seen some show for twenty-four hours past; had had a bad cough for a week, but was not time for a month yet—os nearly closed, but allowing the finger to touch the placenta which covered it. Tampon of small pieces of cut sponge covered by some old calico was introduced and well supported by external means. Acetatis plumbi, gr. 40 and ½ gr. of morphia given, abdomen supported by bandage, and strict quiet enjoined. Hemorrhage ceased, pulse 80 and full. After two and a half days tampon being complained of was removed—no hemorrhage—alum injections and Dover's powder at night directed—was on her feet, and about the house at her usual severe labor, yet kept up the nightly vaginal astringent, and the anodyne for three weeks—when her regular labor ensued. After a few small pains an old woman in the vicinity introduced (by direction of the patient who was instructed) a tampon to check the hemorrhage, which had commenced, and I was summoned; saw her in an hour, labor severe, and hemorrhage, despite the plugging, free, and pulse weak. A large dose of morphia and whiskey given. I introduced the hand and found the os soft and open about half an inch; retaining the hand and using the fingers as a wedge, the uterus was entered, and the fœtus turned by the feet very rapidly; from the introducing the hand to bringing down the legs and body, to wedge the os and prevent bleeding, there was not five minutes of time. Placenta removed immediately, and saturated solution of lead and alum injected; pulse scarcely felt; patient looked like death. Though the stimulants given were rejected, yet by constant repetition enough was retained to rally the system, and the patient, under free doses of quinine and animal diet, was up in a month and a half.

Case 4.—Mrs. P., strong, healthy woman, age forty—fourth labor; saw her about full time; sent for on account of hemorrhage; said that she had flowed at times quite freely for six weeks, at intervals of three or four days, but by using ice water injections into the vagina and keeping quiet was right again in a few hours; yet the pale face told a great loss of blood, and the pulse was ninety and weak; examination showed os dilated one inch, blood passing freely; placenta on right side covering the os. Labor had evidently begun, though the pains were mere nothing. Hand passed in form of a wedge, through the os by great force, *all I could use;* child turned by feet and forced away with placenta, in five minutes or less; by strong traction injections of ice water, with tinct. ferri chlor., used immediately; woman was in a dead faint when child was born, (alive); brandy used freely, with acetate of lead, from the first; she rallied in about ten minutes, and did well.

Case 5.—Mrs. H., stout woman, Irish; in seventh labor; rather full habit; was called at 8 P. M.; found pains moderated by a full dose of whiskey which she said she had taken to get a little ease; no flowing or much pain; at 10 considerable flowing; examined—found os dilated about one and a half inches; placenta on the left lateral nearly covering the neck;

used tampon; gave 20 grs. acetate of lead; pulse strong; hemorrhage checked and pains regular but weak. At midnight there was a sudden accession of pain and the tampon came away, followed by a sudden gush of blood; gave ergot ʒij, in infusion, and instantly passed my finger; found the neck hard, about two inches dilated, but the woman would not permit me to pass my hand, or turn the fœtus as I wished; tried instruments, at her request, but the head being very large and the flowing so imminent, desisted, and put her in bed with head low, (she would not go there before, but lay on the floor,) and sent for counsel; gave strong milk punch and morphia, grs. ½. About 2 A. M., having directed her not to be allowed to stir, and a woman to hold the tampon, and having examined and found the pulse regular though weak, went on to talk with counsel, just come in. A sudden outcry of the woman, in ten minutes, brought me to the door. They had at her request allowed her to rise on her feet; the tampon escaped followed by a free hemorrhage, and fainting I laid her on the floor, but she died in five minutes, not rallying in the least. I should have left the case on being refused to turn the child—which would probably have saved her life. Dr. Hubbard and others made post mortem, (I was not present); found a very large child; placenta left lateral and adherent and bloodless; uterus natural, otherwise as stated to me.

From the above experience I am led to prefer immediate, forcible dilation of the os and turning, to bring the fœtus by the feet as soon as possible, thinking even great force safer than delay in a large proportion of these cases. As adjuvants in all cases of uterine hemorrhage, I prefer the acetate of lead and morphia in large doses—or in relaxed cases ergot—as alternate in use. The dilator bag I never have used.

——The stringency with which the "Anatomy act" is enforced in Great Britain has greatly affected the prosperity of the English medical schools. Not half enough subjects for dissection can be obtained, and the students are commencing to move across the Channel. The doctors call for the repeal of the act.

——Hitherto the Austrian universities have not admitted Jews as professors. But the disability is at last removed. Dr. Maunther, an eminent oculist of the school of Stilwag and Von Graefe, has been appointed to the chair of opthalmic surgery in the University of Innsbruck.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

October 26th, 1869.

Materia Medica.

Reported by Dr. Hadlock.

Presented by E. B. Stevens, M. D., Chairman.

Quite a number of new medical agents have recently been presented to professional attention, and are undergoing their ordeal. These have, for the most part, been presented to the Academy by the committee on new remedies. And it has therefore appeared to your committee that some review of the advantages of peculiar *modes of administration* of medicines, rather than any consideration of the properties of remedies themselves, would be of interest.

Recent researches of Pharmacy have peculiarly contributed to the character of our medical agents, so that while our estimate of the value of the agents themselves is not changed in their therapeutic properties or uses, yet a large list of crude and repulsive medicines have become elegant and agreeable for administration. While we congratulate ourselves upon this improvement in our therapeutic resources, we do not propose at present to repeat details well known to practical physicians in these respects.

More recently the attention of the profession has been directed to the introduction of medicines into the system by *subcutaneous injections*, and by the *inhalations of vapors* and *atomized fluids*. It is our purpose on this occasion to condense from a large amount of journal and monographic matter what is the real status of these modes, and what may thus far be regarded as their peculiar value and application.

Inhalations.—In a general way, but not as a reliable plan of medication, the influence of vapors has been resorted to almost from time immemorial, and although there is a sort of ill defined idea that inhalations are peculiarly adapted to the local treatment of pulmonary affections, there is no doubt but this avenue affords a very important means of efficient constitutional treatment.

Many agents placed in a condition of vapor are peculiarly fitted for absorption, and therefore for securing with promptness their most ready and characteristic effects. Prominent amongst the constitutional effects are those resulting from the inhalations of medical vapors—vapors of lead, and perhaps some other well-known articles—from which we have results both of a pathological and therapeutical sort. For the most part, however, at present, little is attempted with this sort of medication beyond the supposed better management of affections of the throat and lungs.

Of the agents thus employed, *heat* alone is im-

portant, and especially in the treatment of acute affections, good results follow the inhalation of the vapor of hot water, which indeed affords *heat* and *moisture* at the same time.

In addition to this element, we frequently find it desirable to incorporate various stimulating and anodyne agents—thus acute hoarseness or partial aphonia oftentimes readily yield to the inhalation of hot *camphorated* steam, which is easily obtained by adding a dose of the officinal spirits of camphor to a close vessel with hot water, and provision for breathing the escaping steam.

For conditions of the throat and lungs of a more chronic character other medicated vapors have been found of value. Some cases of aphonia yield with readiness to inhalations of chlorine, iodine, etc. While various irritable states are at least rendered comfortable by vapors of hyosciamus, conium, stramonium, etc.

The influence of certain vapors, as nitrate of potash, over spasmodic asthma is well known, as well as the control of a variety of spasmodic affections, probably by various inhalations; all of which is noticed now rather to call attention to this special avenue than for the supposed novelty.

The only interesting modification in the idea of treating diseases by inhalation consists in the recent introduction of *atomized* or *nebulized* fluids, as a substitute for *vaporized* substances. There are no fresh suggestions in this plan of therapeutics as to the ends to be accomplished, or the indications to be met, but the range of medicines is considerably increased, because we more readily atomize substances than vaporize them. Indeed, all substances capable of solution may be placed in a state proper for inhalation by the various and well known contrivences of which the atomizing tubes of Seigle constitute the essential feature. The spray thrown off by these apparatuses is, perhaps, not quite so completely taken up into the lung structure in the act of respiration, as by the inhalation of vapors—but it is sufficiently so for a variety of important purposes. We think, however, there is a mistaken disposition to employ atomized spray and vaporized medicines for the topical treatment of local diseases, which may be quite as well if not better treated by other means. For example local affections of the throat and upper portion of the air passages may be reached so readily and thoroughly by the direct mode, and especially by the aid of the laryngoscope as to afford all medical facility of access to such diseased structures.

Choloroform and other anæsthetics are of course usually administered by various modes of inhalation, and some of the most approved of these have had reference to controlling the amount of the anæsthetic presented at any given period.

Dr. TAYLOR describes a mode employed abroad which has not, so far as I am aware, been in use in this country. A mouth piece is adapted to the patient's face, into which the chloroform is thrown in the form of spray by the ordinary spray producer and a continuous jet of this anæsthetic spray is thus presented for inhalation.

Hypodermic Medication.

Various medicines have for a long time been introduced to the system by subcutaneous means. Thus croton oil, veratria, and morphia were severally introduced by this process of *inoculation*. LANGENBECK wrote a paper in 1856 to show the importance of the immediate subcutaneous tissue as to the mechanism for absorption, and that for purposes of a general character the medicines shall be carried entirely *beneath* the cutis, and not inoculated merely into the substance of that tissue.

For this kind of medication the syringe of Dr. WOOD is usually employed,—its structure and mode of use is well-known and does not need any description proper in this paper.

Advantages.—That which is claimed as well established for hypodermic medication, is the *rapidity* of effect, increased *intensity*, greater *certainty*, and greater uniformity. To which we may add, under certain circumstances, greater *facility* in the administration of medicines.

Most of these claims we can speak favorably upon, from personal experience and the accumulation of published facts. In regard to the uniformity of action, however, a few cases have come to our knowledge that should seem to put us on our guard.

A very intelligent physician of Zanesville reports a case where, after the continuous employment of tolerated doses of morphia by the hypodermic syringe for some time, he gave a larger dose with rapidity, resulting in narcotism of an extreme character, requiring great efforts to control.

It is also well to bear in mind that some medicines produce very different effects taken into the stomach and introduced by the hypodermic syringe, as croton oil, it is said, does not produce catharsis when used hypodermically; this probably simply illustrates the fact that there is something in the *local* action of certain drugs which interferes with their absorption. So that we then fail to secure the constitutional effect of the remedy.

Again, it is of great importance for the very reasons embraced in the advantages of this mode of medication to guard the doses. The effect is *rapid—intense*, and these results occur with much smaller doses than are deemed safe by the stomach. So that both a *smaller* dose and a more *guarded administration* is to be observed.

The conditions for which hypodermic medication is resorted to are various, but originally *pain* of a severe obstinate character suggested its employment. But from relief of various forms of *neuralgia*, first, we have come to use it in a large range of affections. In a case of hiccough, associated with paraplegia, I

nployed atropia by hypodermic syrringe, com-encing with 1-60th of a grain and increasing the se up to 1-40 grain with success.

The *Practitioner* reports several peculiar cases of terest, treated by hypodermic injections; one a rmanent contractionof a limb, following articular eumatism, relieved by atropia in 1-60 gr. doses.

One, a case of hernia, not yielding, a persistent xis was speedily reduced after the injection of grain doses morphia.

Morbid growths not readily accessible to the knife, usual means of extirpation, have been provoked absorption by the injection into their substance of ppropriate remedies.

Prof. LUCKE, of Berne, has in this way success-lly treated goitre by injections of small doses of rong tincture of iodine.

In *chronic* cases, hypodermic injections become of alue, especially where ordinary medication has fail-d, and when the stomach, for any reason, rejects ual remedies—where there is *unwillingness* or *in-olility* to take medicines by the stomach, as in oma, insanity, etc.

But from its intensity of action, its occasional dan-r and the disturbance of the stomach, which is in any cases produced, we should not resort to hypo-rmic injections indiscriminately or generally when atisfactory effects may be obtained by the usual odes, and for these and other manifest reasons the dministration of medicines by the hypodermic ethod should be under the immediate eye of the ttending physician.

This paper was warmly discussed by a number of e members of the Academy. Dr. J. A. MURPHY ought, in the use of the hypodermic syringe, there as not sufficient attention paid to the pathological ondition present, and that it was often resorted to hen there was idiosyncracies, or other conditions hat did not admit of its use.

He knew of physicians who all the while carried heir syringe and prepared solutions, and for every light pain would out with their syringe and give heir patients a hypodermic injection. Not long ince a lady came to his office from the country, ho showed him her arm, which was in a hyper-ophied and subacute inflamed condition from con-ant and persistent hypodermic injections by her hysician, for neuralgia of the heart.

He knew of a physician in this city, who, one orning, stepped into the office of a business gentle-an, when the gentleman (for want of a better ame) complained of lumbago; the Doctor re-arked at once, "I can relieve you in half a inute." So he out with his hypodermic syringe nd gave the man an injection of morphia; he eeled; had a swimming of the head, became nau-eated; began vomiting; was taken home in a car-iage, and continued vomiting until 4 o'clock next orning. Yet the lumbago remained as before.

So much abuse had been made of this mode of medication that he had almost concluded not to use it at all, and he never would use it except in old spyhilitic cases, where pain made the life of the patient miserable, or in the climacteric state or condition of women, where excessive and intolerable neuralgia pains accompanied the change or revolution taking place.

Dr. W. T. THORNTON, with proper care, could not see any particular danger in the use of the hypodermic syringe; no doubt charlatans would seek to make capital out of its use, but that would be short lived, and the hypodermic syringe would take its legitimate place in medicine.

At Paris and Vienna they were now injecting bichloride of mercury under the skin, in from 1-16 to 1-32 grain doses for the treatment of syphilis, and the treatment was proving highly satisfactory.

Dr. H. SMITH had used the 1-16 grain of morphia and 1-96 grain of atropia in combination, with happy effects in hypodermic injections; one seemed to prepare the other. Yet he had given four times the quantities per mouth with the same results, and much more pleasant to himself and patient.

Dr. REYNOLDS (of Newport, Ky.,) said, he could not understand how morphia injected under the skin could have its effects any sooner than when taken into the stomach, unless, possibly, the fluids of the stomach diluted the morphia. In his part of the country the charlatans were using the hypodermic syringe for their aggrandizement, and he had no doubt they were doing harm with it.

Dr. C. G. COMEGYS had used hypodermic injections of one gr. quinine in low adynamic forms of fever with good results. In these low forms of disease, the stomach, like all other parts of the body, became weak and exhausted, and did not receive or absorb medicines well, and it was in such cases that he had used the injections to get the quick, full dynamic effects of the medicine.

He had also treated three cases of cholera morbus with the injection of $\frac{1}{4}$ gr. morphia hypodermically. In these cases the gravest symptoms of that malady, alvine evacuations, great prostration, and cramps were present. The patients were relieved in from five to ten minutes. He did not doubt, from his experience in these cases, that the hypodermic method of using morphia in Asiatic Cholera would be successful; that is in stages where medicines could be of any benefit at all.

He had used these injections in colic, especially where cramps were present, with happy results, and in biliary colic in the passage of gall stones. One of his patients had such an attack three or four times a year, and he always relieved him in a few minutes by the hypodermic use of morphia.

He said great care should be taken to keep the syringe perfectly clean, and not allow blood to re-

main and dry about the nozzle; and that the solution to be used should be recent, for in one or two instances where he had kept solutions for some time, a cryptogamic growth had taken place in the solution; the invisible germs feeding upon the alkaloids had decomposed it and rendered it unsafe and dangerous for use.

Dr. W. B. DAVIS made a speech of some length, in which he argued very forcibly against the *habit* of using this "little" syringe. He thought there was not sufficient discrimination made in its use, and from the constant use made of it by some physicians, he did not know but what they were destined to earn for themselves the cognomen of the "Little Squirt," just as fifteen or twenty years ago, when the big syringe was so much in vogue, Doctors were represented with a gold-headed cane in one hand and a large syringe in the other, and denominated the "Great Squirt."

(DR. STEVENS' report, and the discussion on it, will appear in full in the Cincinnati *Lancet* and *Observer* for November.)

SESSION OF NOVEMBER 1st, 1869.

Epidemic Dysentery.

The following letter was read to the Academy, from Dr. S. S. SCORILL, of Lebanon, Ohio, giving a history of the late epidemic of dysentery in that place:

The first cases occurred about the first of June, but the disease could not be regarded as epidemic until a month later, when quite a number of persons were attacked simultaneously. Cases increased until the first of August, when there began a gradual decrease till up to the present time, (September 7th,) the diseases has nearly disappeared from our midst, yet there are at this time occasional isolated cases.

Lebanon contains a population of about 3,500. The disease was confined to one part of the town, almost exclusively, embracing an area occupied by about one-third of its inhabitants. From the 10th of June to the 7th of September one hundred and twenty-seven persons were attacked and visited by physicians, besides quite a number of mild cases that were prescribed for at physicians' offices, which will not be considered in connection with anything we may have to say.

There were of the whole number of one hundred and twenty-seven cases attacked twenty-six deaths, all children but four; of the whole number fifty-four were adults. No peculiarity of the type of the disease was observed, yet there was not as large a number of malignant cases as is usually seen in epidemics of dysentery. Malarial influence was noticeable in a few cases as the season advanced. And just here I wish to remark that at this time intermittent fever prevails to a considerable extent in this part of the country, especially one of "queer mixture," denominated *typho-malarial.*

We think we recognize the cause or causes which produced the epidemic, under consideration, in our town; but in the absence of material facts, which we are trying at this time to collect, we can say nothing of the etiology.

The usual treatment was employed, except in the treatment of cases where there was considerable hemorrhage, especially among children, where it became an object of great importance to control. In these cases, say three years of age, from v to vi grs. of tannic acid were dissolved in ℥ss. mucilage of slippery-elm, to be used as an enema every four to six hours. This, in almost every instance, reduced the amount of blood in the evacuations and prevented their occurring so frequently.

It is not often that the scientific medical man has an opportunity of meeting fairly and squarely the irregulars, quacks, empirics and charlatans in the treatment of disease and make the people the judge of the result, but such was the case in Lebanon during the late epidemic of dysentery, and the mind of him who failed to make a discrimination in favor of scientific medicine must be obtuse indeed.

Of the twenty-six fatal cases but three died under the treatment of regular physicians, which is five per cent. of the cases treated. One died that was not treated by a physician at all. Then, we have twenty-two deaths occurring under the the treatment of irregulars, or about thirty-three per cent. of their cases. It will be seen from this data that the irregulars treated a small majority of the whole number of cases. Immediately in the country around Lebanon were a number of cases, approximating to about thirty, a large majority of whom were treated by regulars. There were eight deaths; one in the hands of a regular physician and seven in the hands of irregulars.

Now, taking the town and the county together, there were about one hundred and fifty-seven cases, thirty-four of which proved fatal. Of these thirty-four fatal cases four were treated by regular physicians, and thirty by another confraternity, and we are safe in saying that a majority of the whole number of cases were treated by regular physicians.

As to the relative success (?) of the different "schools," represented by the irregulars, we have but a word to say: All parties seem to wear their laurels with becoming gravity. We hear but little rejoicing, none whatever from the representatives of little pills. With them it is a *grave* question, for their works though *shrouded* in sepulchral mystery are not *unknelled, uncoffined and unknown.*

——The oldest man in Indiana is Tobias Sluder, of Evansville, aged 106. Benjamin Scalf, of Milesburg, Elkhart county, Ind., will be 106 years old next May.

Editorial Department.

Periscope.

Acute Syphilitic Periostitis.

The following case is reported in the *Lancet:*

M. S—, a married woman, aged twenty-eight, came under treatment on October 19th, with acute periostitis. Her history was purely syphilitic; she had "sores and buboes" within a month after her marriage; secondary symptoms showed themselves in about two months; she had "eruptions of brownish spots," and sore throat; her hair came off; she had pains in all the limbs, and two attacks of irritis. She said that six months ago her right arm was painful, and began to swell; three months later a swelling, accompanied by pain, appeared on the right collar-bone. After a time she went to a chemist, who gave her some pills, under which she got rapidly worse, her throat, mouth, and gums becoming dreadfully sore: so she came to the Farringdon Dispensary. Mr. Smith found her profusely salivated, and the breath very fetid; the arm very hot, very tender, and much swollen—in fact, acute periostitis, extending from the lower third of the humerus to half way down the ulna. At the sternal end of the clavicle was a node, the size of half a small orange, hard, hot, and very tender. She said that for nights she had no rest, owing to the agonising nature of the pain. She was ordered chlorate-of-potash gargle, ten grains of Dover's powder at bedtime, and iodide of potassium. The effect of this treatment was most marked. She at once obtained a good night's rest, the salivation speedily subsided, the arm and clavicle rapidly improved, pain ceasing almost entirely in a few days, and in ten days nearly all trace of periostitis had vanished, scarcely any thickening to be noticed in the arm, while the clavicular node was painless and about half the size.

On November 16th she declared herself "nearly well." The treatment will, of course, be continued for a time. At first she took six-grain doses of the iodide, but in the course of a day or two it was raised to fifteen grains three times daily. After being under treatment for a few days, she complained of having had something like *petit mal*, and it was found that twelve years ago she had had very violent fits of a true epileptic character, but as soon as menstruation was properly established the fits ceased. She had no return of them until last June, when, always preceded for half an hour by giddiness, she suffered from them two or three times a week, and so up to the time of coming under treatment at the dispensary. There has been no fit since.

A Uterine Polypus Removed with the Aid of Ergot.

Dr. R. F. Henry, of Princeville, Ill., reports this case in the Chicago *Medical Journal:*

Mrs. A———, aged about forty years, married to her second husband. Had never borne any children, but at the time above mentioned had some prominent symptoms of pregnancy. She had uterine hemorrhage, and was supposed to be threatened with an abortion when I was consulted. An examination of her vagina revealed a dilatable os tincæ, and a tumor within the cavity of the uterus, very nearly the form and size of a fœtal head at six or seven months (judging from the part presenting and within the reach of the fingers.) Not being satisfied, at this time, as to the nature of the case, I administered internal styptics, and succeeded in controlling the hemorrhage for the present, and the patient got along very comfortably for several weeks; but the hemorrhage returned several times during the summer, with varied severity, and finally, in December, 1857, a more violent attack than usual came on, which did not yield to the ordinary treatment. I then administered ergot in repeated doses, which not only controlled the hemorrhage immediately, but in a few hours, forced the tumor through the os externum. It was then discovered that the tumor was attached to the fundus, had dragged it down with it, and thus partially inverted the uterus. The tumor was fibrinous, pear-shaped, with a short neck, and thin near the place where it originated. With the assistance of my friend, Dr. L. M. Andrews, we placed a ligature around the neck, and removed the tumor with a knife. The uterus immediately returned to its natural position. The ligature was withdrawn in a few days, and the patient recovered without any serious difficulty. The weight of the tumor was two and three-fourth ounces.

Umbilical Hemorrhage.

Dr. Jacob T. Davis, of Laconia, Ind., writes to the *Cincinnati Lancet and Observer* as follows:

I will, with your permission, report a case of umbilical hemorrhage that occurred in my practice a few years since. My attention has been called to this matter by an able and instructive report of sev-

eral hundred cases of the above "terrible and fatal accident to the newly-born" in that very valuable journal, *The Half-Yearly Compendium of Medical Science*, January, 1869.

Mauriceau is credited with having reported the first case. Watts, as far back as 1752, alludes to it in the *Gentlemen's Magazine*. It seems, from the tables contained in the report referred to, that the accident is not very common, as some of the leading obstetricans in Europe and America are only credited as having had two or three cases. Dr. A. Vogel says it is extremely rare; occurring only once in 10,000 newly-born children.

Case.—Mrs. D., aged 30, was delivered of her child at eight o'clock A. M., Jan. 2, 1866. Labor natural. Child well formed and presenting a tolerably healthy appearance. Cord ligated in the usual manner. In a couple of hours after the birth of the child, the mother and child being both made comfortable, I left for home, four miles distant, with instructions to the nurse to inform me of the condition of both mother and child the following morning, or sooner, if necessary.

January 3. A messenger came this morning about 10 o'clock, and informed me that Mrs. D.'s child was bleeding to death. It had been bleeding, he said, for about two hours before he started for me. I immediately started for the residence of Mrs. D., but before I had reached half the way I was met by a person who informed me that the child was dead. Mrs. D., her husband and her nurse, each informed me that the baby was well in every way, so far as they could see, until the hemorrhage commenced. It had been washed and dressed shortly before the accident occurred, and nothing whatever was discovered to be wrong. It died in about four hours No autopsy. If I had been apprised of the accident earlier, I would have endeavored, with the ligature and styptics, or cautery, to have stopped the flow, but it was neglected too long. I can not assign any cause for the accident in this case, except it be the rather delicate health of Mrs. D.; but I hardly think this alone would account for it. The nature and causes of these terrible accidents will bear further investigation.

Poisoning by Belladonna.

Dr. Drake, of Ossian, Iowa, sends this case to the *Chicago Medical Journal*, which, as the question in some minds is still *sub judice*, we extract:

The following case may be of interest as it demonstrates, to me at least, the antagonism between belladonna and opium.

Was called in great haste to see a woman a mile out of town. I got there as soon as possible and found the old lady perfectly delirious. Face swollen and flushed; eyes injected and pupils dilated to their fullest extent; would stagger and fall when she attempted to walk; tongue swollen and could not speak audibly; pulse small and flickering; was constantly reaching after imaginary objects in the air.

My diagnosis was, poison by belladonna.

I inquired if she had been taking anything, when one of the children said that Dr. Small had been there. This Small is a drunken traveling quack, who is stopping awhile in our town.

I got them to give me the medicine, which made me sure in my diagnosis. She had vomited just before I got there, and had taken the medicine, as near as I could learn, about four hours before. I was preparing to give an emetic when she vomited again. I then gave her one-half grain of acetate of morphia, and repeated it every half hour till the pupil began to contract, which it did after the third dose. I then lessened the dose, and continued at longer intervals, till reason was fully restored, which was about fifteen hours after she took the first dose of morphia.

I called at the drug store and requested to see the prescription, having the medicine with me. And here it is, and you can see that one dose contains about fifteen grains of ext. belladonna!

℞. Muriatis ammoniæ, ℥iv.
Ex. belladonnæ, ℥ij.
Aq. font., f.℥xij. M.
Dose—ij℥ twice a day.

I am of the opinion if the old lady had not vomited freely it would have been all day with her.

Yet I am confident, from watching her closely, that morphia, in this case at least, produced a decidedly antagonistic effect.

Reviews and Book Notices.

Percussion and Auscultation as Diagnostic Aids. A manual for Students and Practitioners of medicine. By Dr. Carl Hoppe. Translated by S. C. Lane, M. D. 1 vol. Cloth. 8vo. Pp. 152. Philadelphia: J. B. Lippincott & Co. 1869.

This work, published about four years ago in Germany, found an appreciative reader and translator in San Francisco, and a publisher in Philadelphia. It is a compend of most that is necessary for the student and the general practitioner to know on the subject. The title is more extensive than the contents, as only thoracic auscultation and percussion are treated, and nothing is said of the application of these diagnostic aids to other regions of the body. The author aims at no originality, but has studied carefully, and reports concisely and perspicuously the methods employed and approved by the principal European physicians.

We miss a table of contents and an index. Without one or both of these, no scientific work should now be published. The paper and typography are of that excellent character which marks the publications of Messrs. Lippincott & Co.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 27, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

NOTICE!!

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN THIS COUNTRY. If the leading Physicians and Surgeons of America do not write for the medical journals, as do those of Europe, we are determined that it SHALL BE NO FAULT OF OURS. We shall expect—*and have a* RIGHT *to expect, a commensurate support.*

For new subscribers we make the following LIBERAL OFFERS:

1. To any of our present subscribers who will send us a new name, a copy of the PHYSICIAN'S DAILY POCKET RECORD; and credit on books, etc., for more than one name, to the amount of ONE DOLLAR for each name.

2. New subscribers who remit $5, will be entered *to the end of* 1870. Those who send in their subscriptions *soon*, will therefore receive the REPORTER for FOURTEEN MONTHS for Five Dollars!

PORTRAIT OF DR. GROSS.

As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the MEDICAL AND SURGICAL REPORTER for January 1st, 1870, *a Splendid, First-class, Original* STEEL-ENGRAVED PORTRAIT of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

☞ *A few* ARTISTS' PROOFS *of the Portrait will be struck off on boards of a size suitable for framing. Price* $1.00 *each.*

MIXED CLINICAL INSTRUCTION.

In our last we called attention to the serious pass to which matters have come in medical education in this city, owing to the determination of the female students of medicine to be present at clinical lectures, instituted for and solely adapted to male students. We feel sure that those persons who advised and led on these young, unmarried women to take this step, did so without due consideration, and with very mistaken notions of the effect it would have on the professional and on the public mind. They either now, or soon will, regret their indiscretion.

It has always seemed to us one of the strong points urged by those who advocated the study and practice of medicine by the female sex, that it would result in sparing many of their own gender the always disagreeable necessity of exposing themselves and sacrificing their modesty to a male physician. This argument has now, and always has had, considerable weight. We look upon it as well taken, and likely to be sustained by a large majority of non-professional men and women. But do the advocates of female practitioners not perceive that they grossly violate their own logic, and prove false to their own position, when they insist in theory and practice, that men shall be exposed naked to women, and not only this, but even to a mixed company of young men and women? Is there not far greater immodesty in young men and women crowding around a man being operated on, we will say, for stricture of the urethra, than in a company of medical students studying the operation of vesico-vaginal fistula? If it is to be condemned as immodest that a single physician shall examine a woman, is it not far more so that a woman shall examine a man? Not only this, but that dozens of young women, not alone, but in company with an equal number of the other sex, shall make such examinations? This is "nature erring from herself."

We have always maintained in this journal that women ought to have, as a general thing, a knowledge of the anatomical and physiological laws of sex. We are not, and we never have been, obscurantists. We have always opposed the idea that medicine is an occult science, and have no objection to aiding that woman who wishes to devote her life to the study and practice of medical science. She neither unsexes herself, nor loses one jot of the esteem of sound and sensible men. But if she expects to attend clinical lectures delivered to

men, by men, and solely with the intention of instructing men, she will lose her repute and forfeit the respect of all.

The managers of the Pennsylvania Hospital —worthy men, but limited in their understanding of matters of this kind—probably by this time perceive, that in opening the doors of the clinics to this promiscuous intermingling of the sexes, they dealt the severest blow they could to the very cause they thought to favor. Let them, if they wish, institute a separate clinic for female students; but at least they should spare the genuine modesty of the male students and lecturers who have already commenced their course.

A card recently issued by the faculty of the Woman's Medical College, seems to take proper ground in regard to this question of mixed classes at the clinics, except that it proposes to deprive the male students of half the benefit that they ought to derive from the hospital instruction, for which they had already bought the tickets, without any knowledge that an embarrassment was going to be thrown in the way of unreserved clinical teaching. It seems to us, however, that the theory of this card is sadly at variance with the practice of the female students who have, time and again, had the immodesty to present themselves at clinics not intended for, and unsuitable to promiscuous classes of young men and women. Who has countenanced them in this?

Why is it that these female students when given an opportunity to retire from the clinic room when an operation for perineal section, or the passage of the catheter in the male, is about to be performed, not only remain, but crowd in with the young men for favorable positions to witness the operations? Do they expect to perform these operations? They have not heretofore professed to do so.

How is this conduct on the part of these women to be reconciled with the following language of the card published by the faculty of the Woman's Medical College?

"We believe, as we have always done, that in all special diseases of men and women it is not fitting or expedient that students of different sexes should attend promiscuously; that all special diseases of men should be treated by men, in the presence of men only, and those of women, where it is practicable, by women in the presence of women only."

"Science is impersonal" say the Faculty of the Woman's Medical College in their card. "Religion is impersonal," said the religious enthusiasts,—a man and two women,—when having removed every article of clothing from their persons, they exposed themselves at an open window in Newark, N. J., a year or two since. The authorities thought differently and had them arrested and punished. But since the day when our first parents made themselves "aprons of fig-leaves" *men and women* have not been impersonal, nor will they be while sin remains in the world. "Doth not even nature itself teach" that women should pursue their clinical investigations apart from those of the opposite sex.

So far as this journal is an organ of professional opinion, it is well known that we have, ever since this matter of the medical education of women came up, strenuously advocated their right to study medicine, and claimed for them every facility for studying to advantage. But when they endeavor to force themselves into improper association with male students at clinics, they cannot have our support.

It remains for us to notice the spirit in which this matter has been discussed by a portion of the newspaper press. We do not complain of their rebuking the reprehensible conduct which the male students are charged with having been guilty of—albeit, we claim some extenuation on the score of provocation, both on the part of the managers of the hospital and of the female students. But the unbridled licentiousness to which a portion of the press has given way in the discussion of this subject, is matter of the severest reprehension. Soured by the excitements of several recent political campaigns, they have exhibited a bitterness, rancor, and exceeding unfairness, that it is humiliating to see in men who profess to be the representatives of public opinion.

The *Inquirer* of this city, has been especially unfair in its comments on this matter—as it usually is, when it discusses any subject to which the medical profession is a party. This characteristic hostility to medical men, and to the medical interests of Philadelphia, was further shown, in *altering the meaning of*, and emasculating a communication which one of the editors of this journal was requested to prepare for its columns, and which was published over his own name. The writer would not have consented to have had it published in its altered condition.

This unfairness of the press of this city has misled the press abroad, and the consequence has been to entirely misrepresent the facts of the case, and the question at issue. It has been represented that the hostility manifested

by the students was against women studying medicine, whereas it was excited by the necessary exposure of a male patient before a class composed of both sexes.

But while we thus condemn the spirit shown by a portion of the press, we must except from our strictures the *Ledger*, *Age* and Germantown *Telegraph*, and perhaps other papers which have not fallen under our notice, which have shown a moderation and fairness that is worthy of commendation. We quoted from the *Ledger* last week, and close our remarks at this time, with the following extract from the correspondence of that excellent paper, the Germantown *Telegraph:*

The female medical students attending the college in this city having visited the regular clinic at the Pennsylvania Hospital at the same time with the male students, the latter greeted them, on passing out, with demonstrations of dissatisfaction that have excited the newspapers. But there are two sides to this case. These students had the authority of the medical societies for refusing to receive women into the profession, formal resolutions to that effect being upon record. Moreover the presence of women at the clinics is indisputably an obstacle to satisfactory demonstrations, as the professors feel a delicacy in making full explanations, and the patients refuse to have their persons exposed before a mixed audience. While I remain in favor of all proper facilities for female education, I am very decidedly opposed to such mixture of the sexes as this. There is a woman's hospital attached to the Female Medical College. The case is not one to be settled by mere newspaper bluster

Notes and Comments.

Remonstrance Against Mixed Clinics.

A meeting was convened on the 15th inst., at the University of Pennsylvania, to consider the subject of clinical instruction to mixed classes of male and female students of medicine.

At this meeting the following remonstrance was unanimously adopted and signed by the Faculties of the University of Pennsylvania, of Jefferson Medical College, by the Medical Staffs of various Hospitals of Philadelphia, and by the members of the profession at large:

REMONSTRANCE.

The undersigned, Professors in the University of Pennsylvania, Professors in Jefferson Medical College, members of the medical staffs of various hospitals of Philadelphia, and members of the medical profession in Philadelphia at large, out of respect for their profession, and for the interests of the public, do feel it to be their duty at the present time to express their convictions upon the subject of clinical instruction to mixed classes of male and female students of medicine.

They are induced to present their views upon this question, which is of so grave importance to medical education, from the fact that it is misunderstood by the public, and because an attempt is now being made to force it before the community in a shape which they conceive to be injurious to the progress of medical science, and to the efficiency of clinical teaching.

They have no hesitation in declaring that their deliberate conviction is adverse to conducting clinical instruction in the presence of students of both sexes.

The judgment that has been arrived at is based upon the following considerations:

I. Clinical instruction in practical medicine demands an examination of all the organs and parts of the body, as far as practicable; hence, personal exposure becomes for this purpose often a matter of absolute necessity. It cannot be assumed, by any right-minded person, that male patients should be subjected to inspection before a class of females, although this inspection may, without impropriety, be submitted to before those of their own sex.

A thorough investigation, as well as demonstration, in these cases—so necessary to render instruction complete and effective—is, by a mixed audience, precluded, while the clinical lecturer is restrained and embarrassed in his inquiries, and must, therefore, fall short in the conclusions which he may draw, and in the instructions which he may communicate.

II. In many operations upon male patients, exposure of the body is inevitable, and demonstrations must be made which are unfitted for the observation of students of the opposite sex. These expositions, when made under the eye of such a conjoined assemblage, are shocking to the sense of decency, and entail the risk of unmanning the surgeon —of distracting his mind, and endangering the life of his patient. Besides this a large class of surgical diseases of the male is of so delicate a nature as altogether to forbid inspection by female students. Yet a complete understanding of this particular class of diseases is of pre-eminent importance to the community. Moreover, such affections can be thoroughly studied only in the clinics of the large cities, and the opportunity for studying them, so far from being curtailed, should be extended to the utmost possible degree.

To those who are familiar with such cases as are here alluded to, it is inconceivable that females should ever be called to their treatment.

III. By the joint participation, on the part of male and female students, in the instruction and in the demonstrations which properly belong to the clinical lecture-room, the barrier of respect is broken down, and that high estimation of womanly qualities, which should always be sustained and cherished, and which has its origin in domestic and social associations, is lost, by an inevitable and positive de-

moralization of the individuals concerned, thereby entailing most serious detriment to the morals of society.

In view of the above considerations, the undersigned do earnestly and solemnly protest against the admixture of the sexes at clinical instruction, in medicine and surgery, and do respectfully lay these views before the Boards of Managers of the hospitals in Philadelphia.

November 15, 1869.

Physicians as Dispensers of Medicines.

A correspondent from Virginia writes to us:

I am glad to notice the remarks of Dr. LEAVENWORTH, on page 255 of the REPORTER. I dispense the greater part of my own medicines—concentrated medicines, obtained from the manufacturing chemists of reputation.

I once presented a prescription at an apparently respectable drug store, on one of the avenues in New York. One of the clerks said to the other in German, "put that poor stuff,"—referring to tinct. opii camph.,—"on the upper shelf, into his prescription, he wont know the difference." He committed the mistake of supposing that only he and his fellow clerk understood German.

I frightened the clerk somewhat by threatening to prosecute him.

Correspondence.

DOMESTIC.

Intemperance as a Disease.

EDS. MED. AND SURG. REPORTER:

The criticism in the last number of your journal on the report of the Committee of the State Medical Society, on intemperance as a disease, impresses me as being unfair, and if you will allow me I will tell you and your readers why:

You say that the committee have reported in favor of moderate drinking, because there is a natural tendency in men to use intoxicants, and that it is, *therefore*, right to use them. Here you commit an error. You must have read the report very carelessly to have reached such a conclusion. The report refers to constitutional tendencies in mankind to the use of exhilarating beverages, etc., as it might have spoken of constitutional tendencies in men to rheumatism or consumption, but it nowhere speaks of this tendency as being natural to a state of perfect health. It enumerated coffee, tobacco, cider, wine, etc., as among the means of exhilaration which men seek, as well as of the more dangerous drugs which are produced from the growth of the fields, and used by all nations, but it does not say that people, on that account, *must* use them. It does say that "nature, human experience, our own observations, and the moral law prescribe the limit—*moderation*—beyond which suffering is the result."

Moderation in the use of tea, coffee, tobacco, beer, cider, wine, etc., when used at all, is what the report teaches, but it goes on to say further, that "In view of the wide spread evils, resulting from the careless and indiscriminate use of such beverages, it seems to be the province of the medical profession to recommend *only the common use of such as experience has proved to be safe, and abstinence from those known to be injurious.*" Not moderate use but abstinence.

The committee did not feel prepared to issue our edict, that all mankind should abstain from exhilarants, because they had no right to interfere with the judgment of mankind in these matters unasked, and because if they had, it would have been a specimen of annoyance which would have deserved the contempt of the world. They, therefore, confined themselves to a simple statement of the fact that the use of intoxicants is limited to no country, clime or people, and that "suffering is the result" of excess in such use. They advise charity and forbearance, rather than abuse and ridicule in the treatment of inebriates, and urge upon physicians to cultivate a confidential relation toward patients who are thus afflicted.

It sets forth the terrible responsibility of physicians in this matter, representing them as the only persons who are authorized to *prescribe and direct the use* of such articles, and presses "a caution in the administration of intoxicants to persons in whom the tendency to excess in their use is apparent." It deplores the fact, that temperance organizations have failed to accomplish all the good their friends have intended, but enters into no controversy with them, nor does it describe it, or doubt the sincerity or earnestness of their efforts.

The Committee of the Medical Society of Pennsylvania, to whom this matter was duly intrusted, considered the subject seriously, and matured their report with much deliberation. They did not expect it to be approved by those who can only see in the drunkard a degraded criminal, and recognize no remedy for his condition, but reproach and punishment. They are willing, however, to trust it to the medical profession, with full confidence that it will receive from most of our journalists a fair criticism, and from the profession at large thoughtful perusal.

Yours truly,

JOSEPH PARRISH, M. D.,
Chairman of Commitee.

[We regret that the report made the impression it did on our minds, but we have seen others on whom it made the same impression, and an excellent newspaper of Pittsburgh, (the *Commercial*,) contained sometime since a lengthy review of the report founded on the same view.—EDS. MED. & SURG. REP.]

Chorea—Its Treatment.

EDS. MED. AND SURG. REPORTER: In the REPORTER for this week, Oct. 30th, 1869, page 268, in speaking of Dr. Harley's valuable experiments on the use of Hemlock in Chorea, you use this language: "if his labors have done anything to benefit medicine in this direction, it is in showing that in the use of Conium we have a remedy for a disease—*Chorea, or St. Vitus' dance, which has hitherto baffled every effort of the physician.*" The italics are my own.

Do you mean that prior to the discovery, by Dr. Harley, of the value of Hemlock in Chorea, that "every effort" to treat the disease was a failure? That aside from Hemlock we have no other effective remedy?

If you do, I reckon that many of the readers of your valuable journal will take issue with you. Your expression is strongly in contrast with an expression once made, and repeated with emphasis by the late Dr. Valentine Mott. At one of his clinics in the winter of 1857-58, he presented to the class a very aggravated case of Chorea. In speaking of the disease and its treatment he made this somewhat remarkable expression: "In an experience of forty years, in all cases of chorea, from the mildest to the severest, I have *never* failed to cure chorea, by the faithful use of Fowler's Solution."

I have, in an experience of over eleven years, only had occasion to treat ten or twelve cases of chorea. In every case I have used Fowler's Solution in doses to suit the age and condition of the patient, and in *no* instance was there a failure to cure. I know this is but a limited experience, but still it shows *some* success, and that the disease has *not* "baffled *every* effort of the physician." Let me instance a couple of cases.

Case 1. Was called in 1863 to see Mrs. M. She was in about the fourth month of her first pregnancy. She had been affected with chorea more or less for a month. Was, when I saw her, unable to help herself at the table, to wash dishes, or to do any ordinary housework. I gave her five drops of Fowler's Solution, after meals, and in two weeks time she was entirely well; and at the proper time she gave birth to a healthy and well developed female child.

Case 2. About three weeks after the birth of the child just alluded to, I was called to see it. Had chorea well marked—a case of hereditary nervous disease. My prognosis in such a case, even with the Fowler's Solution, was not very encouraging. Put it, however, upon the arsenic, and it was very soon cured. It is now over six years old—is hearty and without any symptoms of the disease.

It occurs to me, if I recollect aright, that during the present year you recommended in your "Replies," in the REPORTER, in very strong terms the Cimicifuga (Black Cohosh) as having been very successful in your hands in the treatment of the disease in question.

My friend, and former partner, Dr. C. L. Chambers, of this place, speaks highly of the value of the Cohosh; says his experience in its use has given great satisfaction. Others have found the Sulphate of Zinc answers well.

Can it be true, therefore, that St. Vitus' dance is a disease which, without conium, has "baffled every effort of the physician?"

JOSIAH F. KENNEDY, M. D.

Tipton, Iowa

[We are far from ignoring the occasional value of arsenic in chorea, and we are equally far from regarding it with the same confidence as Dr. MOTT, and Dr. KENNEDY. We have used it persistently, boldly, and faithfully, without any favorable effect in some cases we have treated. We have also known several, and one very remarkable case, in which it succeeded perfectly. But has any remedy ever been tried in chorea of which this may not be said? The disease is a puzzle, and the variety of opinion as to its treatment alluded to by our correspondent seems to prove the correctness of the expression we used. —EDS.]

NEWS AND MISCELLANY.

The Onandaga Statue.

Mr. Palmer, the sculptor, has visited the "Giant" at Syracuse. He was accompanied by Mr. Brown, the sculptor of Newburgh, and Prof. Armsby of the Albany Medical College. They will probably publish a report of their examination. A reporter of *The Syracuse Journal* gathers the following opinions from these gentlemen as they were conversing on the subject: Dr. Armsby pronounced the statue, in its anatomy, a perfect model of a human body. Mr. Palmer and Mr. Brown said there are tool marks on the chest and legs, that the implements used were not stone or flint, but sculptor's tools of steel. These marks are exceedingly fresh where the legs are connected. The minute punctures, which have impressed many spectators with the belief that they were the papillæ of the human body, Mr. Palmer imputed to some chemical action of the soil. Both sculptors pronounced it a most extraordinary work of art, and the artist a great genius.

Fossil Remains.

A skull of immense proportions with horns attached was recently discovered on the Merced River, in Mariposa county, California. The horns are round, smooth, symmetrical, hollow at the base, and permanent. The teeth are eight on each side, but united, constituting a solid row. The first five are rather sharply serrated, and the last three molars are considerably flattened for grinding. The head

and horns weigh together 320 pounds. The horns measure five feet four inches in length, and 28 inches in circumference.

Three interesting fossils have recently been found in the township of Seymour, Canada. The first is apparently a petrified human head, which shows the tongue, eye-balls, and muscles of the face, the head having the reddish-brown appearance of an ore of iron. The other relics are the foot and leg of a young girl, about ten years old, and a section of meat from the side of an ox, showing three ribs.

A materialist surgeon of Paris lately showed to one of his friends one of his instruments, the handle of which was carved in bone. "Do you know," he asked, "of what this handle is made?" "Of ivory, I suppose." "No," said the doctor, while tears almost choaked his voice, "it is the thigh-bone of my poor aunt."

Apparatus for Spirit-rappers.

W. G. Faulkner, philosophical instrument maker in London, has written a letter to the *Standard*, in which he states that, for many years, he has made large sales of magnets and batteries, contrived to be hid under the floor, or in the cupboards, or under or in the center of the support of tables, and the like. In connection with these he has supplied large quantities of prepared wire, to be placed under the carpet, or behind the wainscot, or in other places of concealment. All these, he has no doubt, have been used for the purpose of "spirit-rapping." He has also been employed to make magnets and batteries expressly for the pocket, which, of course, can be made to rap in any part of the room; also drums and bells which will beat and ring at command.

Hydrogenium.

The Chemical Section of the Lyceum of Natural History met recently at No. 58 Madison avenue, New York, and listened to the reading of the following papers: On the Action of Sunlight on the Salts of Uranium, by Dr. H. C. Bolton; on Hydrogenium, by Dr. A. R. Gallatin; and a Preliminary Note on the Study and Classification of Carbon and the Carbo-Hydrogen Minerals, by Prof. Henry Wurtz. All of the papers were of interest and importance, and commanded full attention. Dr. Bolton showed how several of the salts of uranium might be used instead of the salts of silver in taking photographic pictures, of which he exhibited several of various colors, different tints being produced by different salts employed as developers. Dr. Gallatin had studied under the celebrated Dr. Graham, of London, and participated in the ardor of that great chemist to establish the truth of the hypothesis that hydrogen is a metal. He treated the subject in a very clear and interesting manner. Between twenty and thirty persons were present, Prof. Newberry occupying the chair. The meetings are deserving of a fuller attendance.

Can this be so?

We cut the following item from the New York *Tribune*. If the facts are as represented, it is disgraceful, and the perpetrator of such an outrage should be disowned by the profession.

Several years ago a gentleman from Boston became acquainted with and married a young lady from Hartland, Me. It has been the custom of the wife to visit her parents every summer, and while on her visit last summer was taken ill and died. The husband was in Buffalo, New York, on business, and upon receiving a letter from his wife that she was quite sick, started immediately for Hartland, but his wife had died the day before his arrival. Early the next day the physician called for his pay. The husband, who had suddenly left home, was not prepared for such an emergency, but told the physician that he would pay his bill immediately upon his arrival in Boston. At Waterville a sheriff entered the cars and arrested him, by order of the doctor, for the small bill he had against him. Through the aid of some friends, who chanced to be near, the matter was adjusted, and the husband went upon his way, but probably not with a very exalted idea of Hartland doctors.

The Medico-Legal Society of New York.

At the regular monthly meeting of the Medico-Legal Society of New York, held on the evening of the 11th inst. at the College of Physicians, Dr. Finnell exhibited the heart of a woman, lately deceased, that was a complete mass of fatty substance. The muscular fibers of the heart had entirely disappeared, thereby interfering with the healthy action of that organ. The woman died from over-excitement at a religious meeting, but any other unusual occurrence might have had the same effect. Dr. Rogers said that if the woman had been turned with her head down, it would in all probability have saved her life. The legal interest centering in this case lay in its being so similar to the frequent cases of mysterious death arising from slight assaults and slighter injuries, and in most of these cases death would be proved to have taken place, not so much from violence, as from heart disease. Wm. Schrady read a paper on "The Law in reference to Suicide and Intemperance in Life Insurance." It was hardly more than a citing of the English and American cases on the subject. The English cases did not agree with some of the New York cases and Massachusetts decisions, the English Courts giving a much more strict interpretation to the clauses of the insurance policy than the American tribunals appear to do. In a case in

the New York Courts turning on the point of accident or suicide, the Court overruled questions in regard to the Atheistic tendency of the deceased, the Company having attempted to prove suicide on that ground.

An Ingenious Method for Drying Vegetable and Animal Substances.

A method recently adopted for drying vegetable and animal substances, consists in filling a vessel half full with fused chloride of calcium, pouring ether upon it, and then placing above it a vessel containing the material to be dried. The vessel is placed upon a glass plate, and over this a bell-glass, fitting completely to its surface. The chloride of calcium abstracts the moisture from the ether, which then constantly takes away a new quantity from the substance in the vessel above, until it is quite dry. Articles dried in this manner have quite a different appearance from those from which the moisture is removed by the ordinary process, vegetables retaining their natural color, and animal substances their elasticity and flexibility.

A Valuable Cement.

Glycerine and litharge, mixed into a paste, furnish an extremely firm cement for iron and stone, as well as fastening iron to iron, and is said to be particularly adapted to fixing iron to stone, as for railways, etc. The material hardens very quickly, and must, therefore, be used at once. It is insoluble in water, and only attacked by concentrated acids. Articles joined with it can be used in a very few hours afterwards. Sandstone blocks, joined by this cement, have broken in a fresh fracture, rather than at the point of the union of the original surfaces. Very dry litharge does not form so good a cement as that which has absorbed a considerable amount of water. Only the purest material is to be used.

Benefits of Vaccination.

Previous to the introduction of vaccination the annual death rate from small-pox was 3000 to the million, which has been gradually reduced in Europe, in proportion to its being made compulsory; and last year the rate was only 202 to the million.

Bequest to the German Hospital.

John Klingler, a German, who has no relatives in this country, died recently in this city, and in his will, which was admitted to probate, bequeathed his property to the German Hospital. His estate is valued at about $800.

——Sugar beet cultivation has been commenced in California on an extensive scale, and experienced workmen and the best machinery for making sugar, have been imported into the country from France.

——The *College Courant* says: "Albert Smith, M. D., of Petersboro', N. H., Professor of Materia Medica and Therapeutics in Dartmouth College, contemplates resigning at the close of the present term. He is now giving his last course of lectures. He has filled the chair for fifteen years. Dr. Smith graduated at Darmtouth College in 1825 and in the medical department in 1833. His professional reputation is a high one, and his place will be difficult to supply."

——Dr. Jetur R. Riggs, a prominent physician of Paterson, N. J., and formerly member of Congress from the Fourth District of New Jersey, died Nov. 5th, at Drakesville, Sussex county. He was elected State Senator from Passaic county on a Whig and Independent Democratic ticket in 1855; and to Congress in 1858 on an Anti-Lecompton ticket, over John Huyler, Democrat. He will be buried at Drakesville.

——Medical Anecdote.—The late Dr. Jenner having discontinued his professional visits to a patient on account of her improved condition, sent a couple of ducks to the mother of the convalescent lady, accompanying the present with the following note:

"I've despatched, my dear madam, this scrap of a letter
To say that Miss Lucy is very much better,
A regular doctor no longer she lacks,
And therefore I've sent her a couple of 'quacks.'"

The lady addressed returned thanks with this:

"Yes, 'twas polite, truly, my very good friend,
Thus 'a couple of quacks' to your patient to send;
Since there's nothing so likely as 'quacks,' it is plain,
To make work for a 'regular doctor' again.

Army and Navy News.

The Staff and the Line.

It is stated that the Secretary of the Navy has determined to make a thorough investigation of the existing differences between the officers of the line and the staff in the Navy, so that in the forthcoming annual report he will be able to present to Congress the views of an unprejudiced person on the subject. Accordingly, a board consisting of six Naval officers, selected from the chief of the bureaus in the Navy Department, was appointed and authorized to examine into the questions at issue, and report to Mr. Robeson. The board will be composed of the following persons: Commodore Melancthon Smith, Chief of the Bureau of Equipment and Recruiting Commodore; James Alden, Chief of the Bureau of Navigation; Commodore A. L. Chase, Chief of the Bureau of Ordnance; Captain Daniel Ammen, Chief of the Bureau of Yards and Docks; Chief Engineer James W. King, Chief of the Bureau of Steam Engineering; and Surgeon Wm. Maxwell Wood, Chief of the Bureau of Medicine and Surgery. The Board will convene immediately.

OBITUARY.

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NECROLOGICAL NOTICE OF JOSEPH R. COAD, M. D., 1829–1868.

The subject of this notice was born in Lebanon, Pa., December 4th, 1829. His father, the venerable P. Coad, was for many years a professor in one of our institutions, and lectured on the sciences. His maternal grandfather was the late Matthias J. O'Conway, formerly a professor of languages.

It would appear that the healing art was a favorite pursuit in his family, inasmuch as four of his uncles were physicians, and it is said that even in early life he evinced a decided taste for anatomical knowledge.

The "art preservative of all arts" was selected as his vocation, though even while at the printer's case he embraced every opportunity to acquire knowledge on subjects connected with medicine. When the cholera raged epidemically in Philadelphia, in the summer of 1849, he attached himself to the Southwark Hospital, and remained at his post day and night, assiduously laboring to assuage the anguish of those who became inmates of that institution, and materially aided the attending physicians, Drs. D. F. Condie and M. W. Dickeson, who were then on duty at that post.

Soon after this he commenced to attend the lectures at Jefferson Medical College, though he did not graduate until the year 1856.

In 1849 he accompanied his father in a tour through the west, and an epidemic of erysipelas having broken out in a portion of Ohio, the physicians invited him to aid them in attending the cases, and inducements were held out to him to remain and practice medicine there. His affection for his native State, and particularly for Philadelphia, caused him to decline these flattering offers, and he shortly returned to Philadelphia.

In March, 1856, the Jefferson Medical College granted him the degree of Doctor of Medicine, from which time until his death he labored faithfully in his profession.

The same feeling which actuated his grandfather, as a member of Zeigler's regiment in the Indian War, and his uncles (one of whom acted as surgeon in the war of 1812, and was present at the battle of New Orleans, while another died in defending the cause of liberty in South America), also prompted him to respond to a call of the Surgeon General, and in September, 1862, he accompanied a number of physicians to Hagerstown, and devoted himself to the care of the sick and wounded. It is said, that on the approach of the rebels, Drs. Coad and Geo. W. Nebinger were the only ones who remained at their posts, though in hourly expectation of being made prisoners.

Dr. Coad was for many years a member of the Board of Health of Philadelphia, and in July, 1857, was elected its President, following the late Dr. Wilson Jewell in that office.

He became a member of the County Medical Society on October 17th, 1860, and was selected as a delegate to represent it in the Medical Society of the State of Pennsylvania in the year 1865, at its session held at Altoona, and also the American Medical Association, at its session of the same year held in the city of Boston. At his death, he was borne on the rolls of both these societies as a permanent member.

He died in March, 1868, of typhoid fever, leaving a wife and four little ones to mourn their great bereavement.—*From the Trans. Med. Soc. of Penn'a—by request.*

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

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GEORGE—HOWELLS.—On the 11th inst., at the residence of the bride's parents, Hamilton, Ohio, by the Rev. John Goddard, Mr. Zachary T. George, of Cincinnati, and Miss Myrtie R., daughter of Dr. H. C. Howells.

KNIGHT—MARLATT.—Near New Hampton, N. J., on the 3d inst., by the Rev. John B. Kugler, M. D. Knight, M. D., of Little York, N. J., and Mary A., only daughter of Paul Marlatt, Esq.

NEWBOLD—PATTERSON.—On the 11th inst., at the Church of the Saviour, West Philadelphia, by the Rev. Stephen H. Tyng, D. D., Thomas M. Newbold and Miss Carrie B., daughter of the late Henry S. Paterson, M. D., both of this city.

NOONAN—THOMAS.—On the 9th inst., by Rev. Dr. John Foley, of St. Martin's Church, Baltimore, Dr. F. H. Noonan, of Covington, Ky., and Fanny, daughter of L. M. Thomas, Esq., of Frederick City, Maryland.

SCOTT—REEVES.—On the 10th inst., by the Rev. John Scott, D. D., William A. Scott and Jessie, daughter of Dr. W. H. Reeves, all of Clarke county, Ohio.

WRIGHT—KOOGLER.—On the 4th inst., at the residence of Dr. Koogler, by the Rev. A. Parker, Mr. Curtis Wright and Miss Nira Koogler, both of Connersville, Indiana.

GAST—BECHTLE.—At the house of the bride's father, John A. Bechtel, Esq., by his Honor the Mayor, Dr. J. R. Gast and Miss Mollie M. Bechtle, both of Philadelphia. No cards.

GREENLEAF—ATKINSON.—On the 11th inst., at the residence of the bride's mother, by the Rev. M. Allison, Dr. R. P. Greenleaf, of Wilmington, Del., to Miss L. E. Atkinson, of Thompsontown, Juniata county, Pa.

METZGAR—LLOYD.—On Thursday evening, 28th ult., at the Presbyterian Church, by the Rev. D. Harbinson, L. R. Metzgar, M. D., of Pittsburg, and Miss Jennie M. Lloyd, of Salem ⋈ Roads, Pa.

DIED.

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CLARK.—At his residence, in Lower Merion, Montgomery county, Pa., on the 12th inst., Jonathan Clark, M. D.

CUYLER.—At Oglethorpe Barracks, Savannah, Ga., on the 2d inst., Brevet Major William Clarendon Cuyler, United States Army, Lieutenant Third Artillery, son of General John M. Cuyler, Surgeon United States Army, and grandson of the late Mr. Justice Wayne, of the United States Supreme Court.

RICE.—At Patchogue, L. I., on the 12th inst., after a brief illness, Oliver W. Rice, M. D.

WOODHULL.—On the 18th inst., in Camden, N. J., John T. Woodhull, M. D., in the 84th year of his age.

METEOROLOGY.

NOV.	8,	9,	10,	11,	12,	13,	14.
Wind.....	W.	N.W.	W.	W.	N.W.	S.W.	N.E.
Weather.	Clear	Clear	Clear	Clear	Clear	Cl'dy	Cl'dy
Depth Rain							
Thermom....							
Minimum..	21°	23°	23°	24°	25°	25°	28°
At 8, A. M.	32	36	38	35	37	35	30
At 12, M...	41	43	45	46	46	45	37
At 3, P. M.	40	45	45	46	45	40	36
Mean.....	33.50	36.75	37.75	37.75	38.25	36.25	32.75
Barometer..							
At 12, M...	29.9	30.	30.	30.1	30.1	30.1	30.1

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

No. 666.] PHILADELPHIA, DECEMBER 4, 1869. [Vol. XXI.—No. 23.

Original Department.

OBSERVATIONS ON THE EFFECTS OF ELECTRIC CURRENTS UPON THE LIVING TISSUES, AND UPON NUTRITION.

By M. M. Legros et Onimus.*

Translated by J. Solis Cohen, M. D., of Philadelphia.

CHAPTER I.

Electric currents in traversing living tissues act in two distinct manners. They provoke, on the one hand, changes due to the properties of the electric currents themselves; and on the other hand, they act indirectly by putting into play the inherent properties of the tissues which they traverse. The first action is purely physical, and is the result of the passage of electricity in any body whatsoever. Without entering into a discussion of the nature of electric phenomena, or examining whether electricity be a form of movement of ether, we may, however, announce that the passage of electricity in a conducting body produces a molecular change in that body, which acquires new properties under this influence. If the body traversed is simple, a metal for example, the phenomena consecutive to the passage of the electricity are purely physical. If the body, on the contrary, is compound, the result is more complex; the molecular change determined by the passage of the electricity produces, at the same time, decompositions, or new combinations, and thus chemical phenomena become added to those which are physical. In living tissues, which possess an inherent activity, the influence of electric currents is still more complicated; for not only do the physical and chemical changes occur, but the normal play of the organic molecules undergoes modification.

* *Robin's Journal de l'anatomie et de la physiologie normales et pathologiques.* No. 5. Sept. and Oct. 1869.

We believe it will be useful to study these different actions separately, in order to determine, in the phenomena which accompany the passage of electric currents in living tissues, those which pertain to the electric currents themselves, and those which result from the excitation which the tissues undergo.

PHYSICAL EFFECTS.

I.

The physical phenomena of electricity are, light, heat, and the non-magnetic mechanical transportation of bodies.

In traversing living tissues, electricity does not produce any phenomena of light, and this is so evident from physical laws that it would be useless to dwell upon the point.

Electric light has, however, some applications in medicine. Dr. Milliot has endeavored to employ it to illumine, so to speak, the interior of the body. His researches are not yet complete; but under certain conditions, as we have seen for ourselves, this procedure enables us to distinguish some certain forms of internal organs.

His apparatus consists of a thick glass tube, in which are enclosed the two poles of a powerful pile. He introduces this glass tube within the natural openings of the body—in the rectum for example—and the apparatus once in position the current is established, and a vivid light produced. In favorable cases we can thus perceive the position and form of certain organs, such as the womb, intestines, etc.

Dr. Milliot has also employed the electric light to illumine those regions which are ordinarily examined by the aid of specula. In the examination of the deeper portions of the throat and the larynx, this light offers great advantages, and will prove of considerable utility to physicians.

II.

It produces a disengagement of heat in any conductor, which, in transmitting a current, presents some resistance to its passage. Living tissues, being poor conductors, pertain naturally to this category. We have essayed to prove these effects, and we had at first employed a thermo-electric apparatus for this study. We had hoped from our first efforts to have procured results sufficiently marked, but we soon recognized that we were in error; for the deviations of the needle of the galvanometer were due to the electric currents, and not to the changes of temperature.

There being a constant liability to this source of error in experiments of this nature, despite all the precautions which could be taken, we had recourse to thermometers which are extremely sensitive.

M. Walferdin kindly placed at our disposition some thermometers graduated to the hundreth of a degree; but even with these we were not able to determine with sufficient exactitude the differences of temperature due to the passage of the electric currents. The conditions, besides, in which we are placed, are very illy suited to determine to what extent the passage of an electric current elevates the temperature solely on account of the poor conducting power of the tissues. On one hand the tissues are always impregnated with liquids, which renders their changes of temperature less considerable; and on the other hand, in the living tissue, we constantly determine on the part of the muscles or of the circulution, physiological effects which are accompanied by heat. Even upon tissues which are dead, chemical decompositions are provoked in such a manner that it can never be exactly known what should be attributed to the sole influence of the passage of the electricity.*

The heat developed by the passage of an electric current, in a purely conducting body, such as a wire of platinum, has been utilized in surgery. It is not necessary to detail here, this employment of electricity, which is of great usefulness under a variety of circumstances.

III.

The phenomena of transportation from one pole to the other are useful to medicine, where they find numerous applications. It is generally admitted that the current passes from the positive pole to the negative pole.

It is a certain fact, however, that material particles are transplanted from the positive pole to the negative pole, as is very manifest, for example, in the carbons which are employed for the electric light.

We do not wish to more than mention in this paragraph the employment of electricity for the extraction of metals, as proposed by M. Pœy; nor to treat of other transport of substances to one or the other pole of a pile; for these phenomena depend especially upon chemical action. But we shall insist with some details upon the following facts, which we have verified several times, and which seem to us important in medicine.

Dutrochet had already clearly seen that electric currents augmented the phenomona of endosmose. The following is the most simple experiment of this nature. An endosmometer is prepared in the ordinary manner; that is to say, a tube containing gum water, and closed at one of its extremities by an animal membrane, or a piece of parchment paper is plunged into a vessel containing plain water. Under ordinary conditions we observe the level of the gum water rise little by little, on account of the penetration of the plain water into the tube. If we now place the positive pole into the pure water, and the negative pole into the gum water, the phenomena of endosmose are seen to occur more quickly, and the level in the tube rises more rapidly.

But, on the contrary, if we place the positive pole into the gum water, and the negative pole into the pure water, the level, instead of rising in the tube, falls in a very marked degree. The laws of endesmose are then completely reversed by the influence of the electric current.

The better to prove these phenomena, we performed the following experiments:

We took three vessels containing pure water, and plunged into each of them a tube containing gum water, and closed at its inferior extremity by a membrane of parchment paper. In the first tube we placed one of the poles, and the vessel in which it was contained was placed in communication with the second vessel by a metallic wire. This second vessel communicated by another metallic wire with the third vessel, in the endesmometer of which the other pole was placed. The electric current thus passed through the three vessels and through their endesmometers. A fourth vessel provided with an endosmometer similar

* M. Schiff believes that he is able to affirm that the almost instantaneous passage of an induction current along a nerve, heats the nerve in an appreciable manner.

to the others, was placed aside of the apparatus, but without being submitted to the electric currents, in order the better to recognize the normal action of the endosmometer, and detect the differences due to the passage of the electric currents.

Every time, and this in proportion to the intensity of the current and period of application, the level rose upon the side of the positive pole, and fell upon the side of the negative pole.

Contrary to the laws of endosmose, then, the level fell in the denser liquid; an evident enough proof of this action of transportation of the electric currents from the positive to the negative pole.

The intermediate vessel did not present any such change, and the level rose in the endosmometer in the same proportion as in the normal endosmometer. Perhaps, however, a slight difference existed in favor of the endosmometer traversed by the currents.

Reversing the position of the liquids, the inverse effect was produced; that is to say, that placing the denser liquid in the vessel, and the other in the endosmotic tube, we obtained in the normal endosmometer and in that which united the two extreme ones of the series, a descent, more or less pronounced. On the contrary, in the tube which received the positive pole, the descent was more than triple that which had taken place under the usual conditions. In the tube which contained the negative pole, the level, instead of falling, rose several millimeters.

Finally, in employing the same liquid upon both sides of the endosmotic membrane, in order to prevent the phenomena of endosmose, we constantly obtained an elevation of the level at the negative pole, and a depression at the positive pole. In this case the depression was much greater, and the elevation considerably less than when experimenting upon liquids of inequal density and when the poles were plunged in the denser liquid.

In these researches, we employed twelve to fourteen of Remak's elements and elements of sulphate of lead. The duration of the action continued from twenty to twenty-four hours.

The following shows some of our statistics: In an hour and a half, with thirty small elements of sulphate of lead, the level rose eighteen millimeters at the negative pole. In the intermediate vessel the level rose one millimeter, and in the endosmometer which contained the positive pole, the level descended four millimeters. The tube was dilated at its inferior extremity, the endosmotic portion being thirty millimeters in diameter, and the tube portion six millimeters in diameter.

With the same disposition of apparatus, and employing ten Remak elements, during twenty hours, the level rose at the negative electrode seventy millimeters and it fell twenty-three millimeters at the positive pole. In the intermediate vessel, the level rose fourteen millimeters; and in a fourth endosmometer unconnected with the current, the level rose twelve millimeters in the same time.

It appeared to us important to examine the influence of induced currents under the same conditions. The extra current alone gave us results somewhat analogous. With very strong currents where action was prolonged for twenty-four hours, it was difficult for us to detect any difference between the two poles.

We may tabulate these experiments as follows:

	Normal endosmometer (not under electric influence.	Continued Current.		Extra Currents.		
		Pos. pole in endosmometer.	Neg. pole in endosmometer.	Pos. pole in endosmometer.	Neg. pole in endosmometer.	Induced currents of the first order.
Solution of gum in endosmometer, water in exterior vessel.	Level rises.	Level falls.	Level rises much more.	Level rises, but perhaps a little less than normally.	Level rises, but perhaps a little more than normally.	Level as normally.
Solution of gum in exterior vessel. Water in the endosmometer.	Falls.	Falls still more.	Rises.	Falls. Slightly differs from normal.	Falls. Slight difference from normal. ?	Falls.
Water both in exterior vessel and endosmometer.	Nothing.	Falls.	Rises.	Nothing. ?	Nothing. ?	Nothing.

Then instead of employing tubes separated by endosmotic paper, we performed the same experiments with eggs, of which we broke the shells near the air chamber, maintaining the proper membrane of the egg intact. We obtained the same results with this exception,—that the coagulation of the albumen engendered considerable inconveniences.

There is evidently more than a simple physical action in all these effects; there is, in addition, an energetic chemical action; and in a medical point of view it is of capital importance to be aware of this action of electric currents. Besides, we notice already, in these phenomena, a very trenchant difference between the effects of the continuous and those of the induced currents. The one has an action of transportation sufficiently considerable to produce results contrary to the very laws of endosmose; the other, on the contrary, has no influence of this nature, at least in the conditions in which it is employed in therapeutics.

It was this principle that actuated Remak when he counselled the placing of the positive pole upon œdematous parts, and the negative pole higher up upon the sound parts. The idea is logical, certainly, and, in fact, this mode of application gives very good results; but, as we have already mentioned, phenomena are always more complicated in living tissues than in experimental tissues.

In experiments upon the circulation, we have observed that the vessels contract at the positive pole, while, on the contrary, they dilate at the negative pole; and this purely physiological action contributes, in great extent, to the dissipation of the swelling and the removal of the fluids which give rise to the œdematous condition.

The influence in these cases, then, would be due to two actions, the one purely physical, and the other vital; but each, far from destroying the other, actually increasing the joint effects.

When the blood in the vessels is completely withdrawn from the heart and the action of arterial contractility, the movements of translation which have constantly taken place from the positive to the negative pole, may be determined for some time. We have observed movements of this nature, under the microscope, upon capillaries belonging to tissues recently separated from the animal. The blood, before its coagulation, being immobile in the vessels, we perceive, at the moment of applying the poles, the circulation run for several instants with considerable energy; and the sanguineous current is always directed toward the negative pole.

Upon the skin, denuded by two small blisters, we placed at one side the positive pole of 20 Remak elements, and upon the other side we placed the negative pole. Ten minutes after the electrization, the sore in contact with the positive pole was dry, while a new blister of considerable extent had formed at the negative pole.

Alexander Von Humboldt, in 1795, performed a somewhat analagous experiment upon himself. He caused two blisters to be applied upon the region of the two shoulder blades. The blisters, being pierced, the serous liquid which ran from them was colorless; then having had the right sore covered with a thin plate of silver, the conductor of the zinc pole was placed in contact with this plate, when he experienced a very painful smarting, which was followed by a fresh escape of liquid; to the great astonishment of his assistants, this liquid, at the end of some seconds, presented a reddish color, and in those portions of the back whence it escaped, it formed, during its passage, reddish blue lines. The sore on the left side contained, on the contrary, a liquid altogether colorless.

This experiment shows us, at the same time, the influence of the voltaic current upon the circulation; for "the bluish red lines" were nothing else than the sanguineous vessels tumified. Besides, as in the physical phenomena of the transport from one pole to the other, it is difficult to demonstrate that there exists a particular mechanical effect, apart from the electrolytic chemical effect; so also with living tissues it is impossible to separate well that which is alone due to the physical action of the current, from that which results from the augmentation of the circulation at the points of application of the electrodes.

IV.

Beside these physical phenomena, there are still others, whose properties have been utilized in medicine.

Thus it is, that in certain cases, it has been proposed to remove foreign metallic bodies imbedded in the tissues, by means of magnets. We can also, by means of the electric current, recognize whether a ball, for example, is retained in the organs; and quite recently a little apparatus has been constructed for this special purpose.

Finally, in terminating this chapter, we deem it useful to mention in addition:

That the passage of currents in platinum wires contracts them, and that it has often been proven that the copper wires which serve as conductors become very brittle. But there is a great difference in this respect between induced and continuous currents. M. Rhumkorff has assured us that the copper wires used to transmit induced currents, break much more frequently and more promptly than those which are used to transmit continuous currents.

(To be continued.)

HOSPITAL GLEANINGS.

By J. B. Burnett, M. D.,
of Newark, N. J.

CASE OF TRAUMATIC TETANUS.

William Hannigan, æt. 18, a native of New York, single, and a laborer, was admitted to Bellevue Hospital on October 16th. About four weeks ago he was assailed by a man who inflicted an injury on the posterior part of his head with a stone. At the time he did not consider the wound of much account, and continued at his employment until two weeks ago, when he was seized with stiffness and rigidity of the muscles of the face and neck, and then of the back. In two or three days more the whole muscular system was tetanically affected. On the day after admission he presented the *following symptoms:* He was semi-conscious; there was universal muscular rigidity. There was a scalp wound about an inch in diameter, with depression of bone to be felt near the occipital prominence. There was also an eruption upon his body of syphilitic lichen. When movement of the limbs is attempted, the muscles are thrown into clonic spasms, which seem to cause the patient considerable pain. The bowels are regular; the urine is normal in quantity and character; reaction acid.

Treatment.—Whisky, ℥ss every half hour, with pills of quinine and opium, one every two hours.

October 18th.—He is conscious and answers questions in a rational manner. No convulsive movement except when irritated. Muscles rigid; secretions normal; no pain. The wound dressed with lint.

October 19th.—Symptoms about the same; continue treatment; increase whisky to ℥ij every hour.

October 20th.—Pupils are contracted under the influence of the opium. Lies quietly in bed. When movements of the body are attempted, the muscles are thrown into action, and cause severe pain. Has some pain in the head. Trismus well marked. The mouth opens wide enough to permit the introduction of liquid nourishment. Pulse, 80; respirations normal.

October 21st. Muscles quite lax; opens the mouth wider than yesterday. Pulse, 100, soft and feeble; respirations normal; appetite good; no pain in the head.

Treatment.—Whiskey, ℥iij every hour; also,

℞.	Quiniæ sulph.,	ʒj.
	Morphiæ sulph.,	gr.jss
	Acidi sulphurici,	gtt.xxx.
	Tr. cinch. co.,	f. ℥ij. M.

S. Teaspoonful every hour.

October 22d.—Symptoms about the same. Treatment continued.

October 24th.—He now suffers from frequent spasms, attended with considerable pain. The muscles are more rigid than when last examined. Trismus more marked. If he attempts to answer questions, he is immediately thrown into violent tetanic spasms. Bowels regular, as also the urinary secretion, in quantity and quality. Pulse, 108; respirations normal.

October 26th.—Lies quietly in bed. Muscles still rigid, though less so than when last examined. He opens his mouth without difficulty. There is loss of vision, with the pupils contracted. Pulse, 98, and feeble; respirations, 15 in the minute.

October 27th.—Muscles less rigid; opens the mouth with but little exertion; vision good. Pulse and respirations natural. Appetite good; bowels constipated. Wound suppurating well. To take olei ricini, ℥j.

October 30th.—The muscles are again quite rigid, and he can, with great difficulty, open his mouth. He rests without spasms. The bowels moved freely. The treatment the same, save that the whiskey is reduced to ℥ij every hour.

November 1st.—Muscles still rigid. Opens the mouth half way. Bowels regular. Pulse, 110. Eats well.

November 2d.—Last night he was attacked with delirium; incoherent talking, etc. The whisky was diminished to ℥j every hour. He is not entirely free from delirium now. The muscles are less rigid than yesterday. Excretions normal. Treatment in other respects the same.

November 3d.—Lies quietly and sleeps most of the time. He is semi-conscious. Muscles rigid. Has spasms occasionally. Pupils contracted; pulse, 100, and feeble. Tongue dry; sordes about the teeth; picks his bed clothes, and seems subject to hallucinations. Wound secretes little.

November 4th.—Lies quietly and breathes stertorously. No spasms or muscular rigidity. Pupils contracted, and do not respond to light. He cannot be aroused. Pulse, 130; respirations, 30 per minute. There is a purulent discharge from the left ear.

November 5th.—The aural discharge continues. Pupils contracted; no delirium. Is much prostrated. Answers questions when loudly spoken to.

Died November 6th, 12 M.

Autopsy on November 8th.—Rigor mortis well-marked. On removing the scalp, a depression of bone is seen near the occipital protuberance, about an inch in diameter. On removing the calvaria, a clot of blood was found about the size of a pigeon's egg, immediately under the depressed bone. There are some traces of meningitis, but not extensive. The brain, aside from the clot and meningeal inflammation, is healthy. The other organs of the body are healthy. There is but one kidney, and that is of a horse shoe shape. Nothing could be found to account for the discharge from the ear.

PUERPERAL CONVULSIONS—DEATH.

By W. D. Hall, M. D.,

Of Renovo, Pa.

As the treatment of puerperal convulsions seems to be an important topic in the medical world just now, I send you a report of the only case it has been my misfortune to witness during almost eight years of practice. There are two points which make it particularly interesting: one is the failure of bromide of potassium to arrest the paroxysms; for, if we take the generality of cases reported in the journals, it has come to be regarded as almost specific in the disease in question.

The other is in regard to the power of sulph. morphia to relax a rigid os uteri which has recently attracted considerable attention. Although not given in this case when that condition was *known* to exist, it probably did exist at the time the last dose of the medicine was taken, and if the medicine was given before and really has the power claimed for it, it should have prevented that state.

On the morning of 14th of October last, my partner, Dr. J. P. Ashcom, was called at 3 A. M. to see Mrs. McC., who, it was supposed, was about to be confined. When the Dr. arrived at the house he found his patient, who was a primapara æt. 24 and rather robust, suffering from pain which she said was "all through" her, but most severe in the stomach and accompanied with slight uterine pains. An examination revealed no dilatation of the os. The Dr. administered a fourth of a grain of sulphate of morphia and went home, leaving order to call him should she not get better. About 7 A. M. her husband called and said his wife was no better; he was given another dose, ¼ of a grain of morphia, and requested to give it as soon as he arrived at home, which was three squares from our office, where he had given him the medicine. He gave the medicine as directed. At 11 A. M., Mr. McC. came to the office in haste, stating that his wife had a fit. Dr. A. went immediately to see her, and finding the statement correct, at once dispatched a messenger for me. When I arrived she was just recovering from the convulsion, and seemed to be partially conscious; would, when loudly spoken to, open her eyes, but did not answer.

After consultation, we decided to give her bromide of potassium, and succeeded in getting her to swallow ten grains in solution. We also concluded to give her a purgative injection, which became more important, as we now learned that she had eaten a large quantity—a quart her neighbor said—of chestnuts the evening before. I went to the office to procure a syringe, and on returning was informed that she had had another fit. She was talking incoherently; seemed determined to get out of bed, and had to be held to prevent her from doing so. Her pulse, as it had been from the time I first saw her, was 130, irregular, and *very* feeble, so much so as to preclude the idea of bloodletting. We gave her another dose of the bromide, this time fifteen grains, and an injection of salt water, which operated well, bringing away a large quantity of fecal matter, after which she seemed conscious, revived considerably, and answered questions readily. I should have stated before, that when I first arrived, we (Dr. A. and myself) examined into the condition of the womb, and found it dilated to the size of half a dollar, but the os was very rigid. We now examined

again, and found it in the same condition. I returned to the office, there remaining until 3 P. M., when Dr. A. called and stated that he had administered another fifteen grain dose of the bromide, and that she had had another fit. She was in a worse condition than at any previous time. He had made another examination, and found the os still unyielding. His opinion was that she would die. After due deliberation, we decided to try to dilate the os with ext. belladonna, and, if successful, deliver with the forceps. The belladonna was applied directly to the mouth of the womb, which dilated in five minutes. The forceps were immediately applied, and just as the head was born she became again convulsed and died. This was at 4 P. M. She had taken forty grains of bromide of potassium in about four hours—doses two hours apart. Dr. A. remained with her all the time after her first paroxysm, except a few minutes spent in procuring the forceps.

[To have thoroughly tested the bromide of potassium in this case, it should have been given in ʒss. to ʒj. doses, repeated as often as indicated. The fault in using the bromide is in giving it in *too small doses*, generally.—Eds. Med. and Surg. Reporter.]

Editorial Department.

Periscope.

Locomotor Ataxy.

Professor Ball, of Paris, in the *Medical Times and Gazette*, speaks as follows of the nature of this disease:

We shall not attempt to define the nature of a disease, the anatomical characters of which are so imperfectly known; but, without entering the field of conjecture, we may at least indicate the direction in which the progress of modern science seems to lead us, and show to observers who may enjoy an opportunity of studying facts of this nature, in what sense it will be useful for them to prosecute their investigations. Physiology and pathology are at one in demonstrating the influence which the nervous centres exercise over the nutrition of all the tissues of the body. Is this power exerted through the medium of certain nutrient nerves? or is it, on the contrary, dependent on the great sympathetic? This point yet remains to be decided. Fortunately, however, for us, the question at present under discussion may be considered from another point of view.

Vivisections demonstrate, and the fact has also been proved by clinical observations, that neither the morbid alterations of the posterior columns, nor those of the anterior and lateral columns of the spinal cord produce any change in the nutrition of the parts dependent on them.

Derangement of sensation and power of movement, ataxy, paralysis, paraplegia, such are in similar cases the symptoms observed, but lesions other than these are needed to explain the phenomena of atrophy. Complete section of the spinal marrow could not alone produce such effects; isolated from its superior centre, the inferior portion of the medullary axis continues to live, and suffices, in a certain degree, for the support of those regions in the body dependent on it. This is the reason why, in certain individuals suffering from paraplegia, the influence of the spinal cord may be interrupted completely by some considerable morbid change without any symptom of atrophy declaring itself in the lower extremities. As regards the sloughing of the sacrum and the heels, as regards the want of vitality in the external teguments, which so often declare themselves in similar cases, these must not be classed with the atrophy, so marked and so rapid in its development, which invades the articular extremities in those cases of ataxy which we have detailed; besides, these latter depend probably on special lesions, of which we shall now speak.

The researches of modern histologists, and especially of Valentiner, Luys, Lockhart Clarke, and Charcot, tend to connect progressive muscular atrophy with the destruction of the nerve cells which occupy the anterior cornua of the grey substance. Should further researches enable us to establish a constant connection between these two lesions, it will then be demonstrated that the nutrient centre of the muscular system resides in a given point of the spinal axis. But that which may be proved true according to this hypothesis, as regards the muscular system, may perhaps hold good, in an equal degree, in reference to the articulations, the health of which, in a great measure, depends on the integrity of the nervous centres.

It has been shown that traumatic lesions of the spinal marrow give rise to morbid changes in the corresponding limb, analogous in their nature to those we have been considering. But since the pos-

terior column of the spinal cord as well as the anterior and lateral ones must be excluded from the question—since, in short, complete section of the spinal marrow is incapable of producing such phenomena—it remains for us to search for the cause on which they depend at some point or other of the grey substance. Hence may be derived that trophic influence which sends forth nourishment to those regions of the body in which the morbid process is manifested. It is, therefore, obviously our duty to examine with care the condition of the spinal marrow, and more particularly its central portions, in all persons dying of ataxy, or of any disease complicated with this affection, whenever the opportunity presents itself.

Meantime, while waiting the occasion for carrying out such researches, it might be well for us to endeavour, by means of vivisections carefully conducted, to produce articular affections similar in character to those which form the subject of our paper.

Interesting Observations.

The compound of foolhardiness which is developed now-a-days in the form of Alpine climbing has been applied by M. Lortet, of Lyons, to scientific purposes, and he has expended much time, money, and trouble in the investigation of phenomena which, at least, can never harm sensible people, but which is interesting from a medico-scientific point of view.

M. Lortet ascended on the 17th and 20th of August, to the summit of Mont Blanc, furnished with all the instruments necessary to investigate physical effects, amongst which were the anapnograph of MM. Bergeon and Kastus, the sphygmograph of Marcy, thermometers, etc.

M. Lortet has experienced and verified all the phenomena known under the name of *mal des montagnes*, consisting principally in acceleration of respiration, frequency and feebleness of the pulse, lowering of temperature during the journey, and its return to the normal condition during rest, muscular fatigue, loss of appetite, occipital headache, nausea, somnolence, etc.

He attributes, like M. Gevarret, the coldness of the body during exertion to the insufficency of the internal combustion which, to maintain the temperature, has to contend at once against the extreme cold and the loss of heat transformed into machanical work. The other symptoms are the consequence of the cooling, and probably of the vitiation of the blood by carbonic acid, where elimination is incomplete.

The Effects of Tobacco on the Human System.

Dr. Willard Parker, of New York, says in a recent letter:

That tobacco is a poison is proved beyond a question. It is now many years since my attention was called to the *insidious* but positively destructive effects of tobacco on the human system. I have seen a great deal of its influence upon those who use it, and work on it, or in it.

Cigarmakers, snuff manufacturers, etc., have come under my care in hospitals and in private practice; and such persons *never* recover soon, and in a healthy manner, from any case of *injury* or fever. They are more apt to die in epidemics, and more prone to apoplexy and paralysis. The same is true, also, of all who *chew* or *smoke much*.

This poison enfeebles the mind. The Emperor Napoleon had his attention called to this subject in 1862 by a scientific statistician. It was observed, from 1812 to 1862, that the tobacco tax averaged twenty-eight millions of francs annually, and there were eight thousand paralytics and insane in the hospitals of France. In 1832 the tobacco revenue had reached one hundred and eighty millions, and in the hospitals were forty-four thousand paralytics, etc. The undoubted inference is that tobacco has a strong influence in producing these classes of nervous diseases.

A commission was then appointed to inquire into the influence of tobacco in the schools and colleges. After a full and careful investigation this commission reported that it had divided the people into two classes—the *users* and non-*users* of tobacco, and then proceeded to compare them, physically, intellectually, and morally. The result was that those who do not use tobacco were stronger, better scholars, and had a higher moral record. In consequence of this report an edict was issued prohibiting the use of tobacco in these national institutions, by which thirty thousand persons were at once forced to abandon it.

Treatment of Syphilis in France.

The Paris correspondent of the *Press and Circular* says:

In my first visit to the Hopital du Midi, I saw in the wards of Dr. Charles Mauriac a most well-marked case of double synovitis of the knee-joint distinctly gonorrhœal in its character. The man had suffered from the complaint thrice. As some among our ingenious brethren here seem to wish to cast doubt on the existence of gonorrhœal rheumatism (I think Mr. Skey is among the number), I can only say that this one case would, I think, have made them believe in the reality of the disease for the rest of their life. Among the details of the practice observed by me at the Midi, I saw that Dr. Mauriac was in the habit, in almost all cases, of using blisters, or iodine paint, to endeavor to stop the onward progress of suppurating buboes, and, apparently, with considerable success. His application to soft sores was invariably the solid stick of nitrate of silver, and this, with the tincture of iodine, he also applied to chancrous buboes when they would open,

notwithstanding the application of blisters. Well, you will ask, how did he treat syphilis? To this I reply, that M. Mauriac is a mercurialist, and that the same formulæ as were made use of in the days of the illustrious M. Ricord still remain vogue at the Midi at present. Here is a formula of the pill still used at the Midi for syphilis—"1st. To take morning and evening, fasting, one of the following pills: —Protoiodide of mercury, ·003 centigrammes, (about gr. ½); extract of quinia, ·006 centigrammes; extract of opium, ·001 centigrammes; to make a pill of which make 60. 2nd. Avoid all excess and all fatigue; substantial diet." All this is written in French, not in dog-Latin, as we do. Another favorite mercurial prescription with Cullerier was as follows:—"1st. To take morning and evening, fasting, in half a glass of sugar-water, and to which are added some drops of orange-flower essence, a tablespoonful of the following mixture, viz., liquor of Van Sweiten (a solution of perchloride of mercury), 500 grammes. 2nd. Avoid all excess and all fatigue, and take substantial diet." Lastly, in order to give our friends the mercurialists a choice of their weapons, is added the following:—"1st. To make, morning and evening, on the internal aspect of each thigh, above the knee, inunction with the size of a hazel nut of the following ointment:—Neapolitan ointment, 60 grammes (*i. e.*, unguentum hydrargyri), and cover the parts anointed with a flannel compress. 2nd. Avoid all fatigue, and eat well." Some mercurialists have a taste for their favorite drug in all stages of syphilis, so, to suit them, the following prescription is among the *armamenta*:—"1st. To take at night, on going to bed, a tablespoonful of the following mixture:—Biniodide of mercury, ·025 centigrammes (about gr. iv.); iodide of potassium, 25 grammes (about ℥ v½); syrup of saponiare, 500 grammes (about 16 ounces). (This gives about gr. 1-6th of the biniodide, and gr. x. of iodide of potassium as a dose)." All of these prescriptions are, as perhaps you know, disliked by myself and the non-mercurial school; but the following prescription is employed by all of us, as well as by the staff of the Midi in tertiary lesions:—"1st. To take, morning and evening, a tablespoonful of the following solution, in a cup of infusion of saponiarie, viz, iodide of poassium, 30 grammes to a water litre" (about gr. vijss. to each dose). I must not omit to say, that the treatment of the initial lesion of syphilis has the following consecrated to it:—"1st. To take every two days, for a week, fasting, in the morning, a litre of infusion of herbs, in which shall be dissolved one of the following, sulphate of magnesia, 90 grammes (*i. e.*, ℥iij) divided into three parts. 2nd. Smear the parts affected morning and evening with the size of a hazel nut of the following pomade:—Neapolitan ointment, 30 grammes, (*i. e.*, mercurial ointment); extract of belladonna, 6 grammes, (℥iss.); and cover them entirely with cataplasms of linseed meal. 3rd. Every two days, an entire bath, of one hour's duration. 4th. Avoid all excess and fatigue, sober diet and absolute rest of the organ."

I have now, I think, exhausted the list of prescriptions for that formidable disease, syphilis; but, perhaps, some of your readers may wish to know how they treat chancres at the Midi, I mean soft suppurating sores. Well, the first of these prescriptions is as follows:—"Dress the affected part three or four times daily with lint, soaked in the following solution:—Nitrate of silver, one gramme; distilled water, 20 grammes." The next prescription is as follows:—"1st. Powder thrice a day the affected parts with a pinch of the following powder:—Iodoform finely powdered, 3 grammes; having washed them first with fresh water; avoid all excess and fatigue, and keep the parts quite at rest." The next prescription for soft chancre is:—"1st. Dress thrice daily the affected parts with lint smeared with the following ointment:—Ceratum opii, 20 grammes; calomel, 10 grammes." The next prescription is, I presume, for chancres beneath the prepuce, it is, "Make four times a day an injection between the prepuce and gland with the following solution:—Nitrate of silver, 2 grammes; distilled water, 60 grammes. Take a bath every two days." The last prescription for chancre is as follows:—"Dress, seven or eight times a day, the affected parts with lint dipped in water, in which one of the following is dissolved:—Chlorate of potash, 40 grammes (℥i., ℥iss.); divide into four parts."

The Climate which Cures Consumption.

A series of valuable articles have appeared in the *Medical Times and Gazette*, on the climate of the Peruvian Andes.

We will suppose our readers acquainted to some extent at least, with the recommendations that have been bestowed both on the Cordilleras of the Andes and on the plateaux of Mexico of the cure of phthisis pulmonalis. In speaking of the last named locality Dr. Jourdanet strongly insists that this beneficial effect is altogether, or in greater part, due to elevation in soil, and not to the degree of latitude. Dr. Smith, whose experience was gathered from Peru, expresses himself as follows:—"Incipient tubercular phthisis, with more or less hæmoptysis, is one of the most common pulmonary affections known in Lima and other parts of the cost of Peru. * * * It is a disease that is certainly cured by removing the patient from the coast to the open inland valley of Zanja, which runs from ten to twelve thousand feet above the sea leval. * * * This fact has been known and acted upon from time immemorial by the native inhabitants and Physicians; and I have," says Dr. Smith, "sent patients from the capital to Zanja in a very advanced state of phthisis, with open ulcera-

tions and well marked caverns in the lungs, and have seen them again, after the lapse of a little time, return to their homes free from fever, and with every appearance of the disease being arrested, but in many instances it would, after a protracted residence on the coast, again become necessary to return to the mountains, to prevent a recurrence of the disease." Dr. Scrivener expresses himself in the following terms—"I have traversed these mountains on many occasions, and am therefore able to form an opinion of the salubrity of the climate, as also of that on the route from the province of Cordova to the Pacific. All over this vast tract of land, that fatal enemy to man, the tubercular phthisis, so justly feared by the inhabitants of Lima and Buenos Ayres, is entirely unknown. During a residence of nearly ten years in different and widely spread districts of the whole country, I never saw nor heard, either directly or indirectly, through my intercourse with others, of the existence of that disease. In the mountains of Cordova, as well as on the Andine heights, the patient will find his disease alleviated and in time removed (let him come from what quarter of the globe he may) by the hand of Nature. There pulmonary complaints are never known to originate, and there those who suffer from it on the borders of the Parana and the river Plate, seek and find a permanent cure for their ailments proceeding from all affections of the lungs. We would recommend," he further says, "the mountains of Cordova to consumptive patients in preference to the Andine heights of Bolivia, as being nearest the river Plate, and containing a greater variety of objects to divert the attention and amuse. The facility of transport, the shortness of the passage, combined with a well-founded hope of renovating the health, will be of themselves sufficient reasons for undertaking the journey. The mountains of Cordova are 4000 feet above the sea, and about 800 miles from La Quiaca, the northern boundary of the Argentine Confederation, where commences the Bolivian territory, and here the Cordilleras of the Andes, or otherwise the Andine heights, are seen in all their splendor and magnificence. Between the two territories, however, the journey is made by mules; there is no carriage road.

It behooves us next to inquire how far and with what facility the heights of Cordova are accessible to patients proceeding thither from Europe. Let us suppose all of war at an end, the distant echoes of which are now heard brokenly on the road, and the journey already adventured on. The passage from England to Buenos Ayres may be made in as short a period as thirty-four days. There are several lines of merchant steamers from London and Liverpool, as well as the Government vessels from Southampton and Bordeaux, which arrive at Buenos Ayres every month. From this port you embark in a steamer for the port of Rosairo, which is most beautifully situated on the banks of the river Parana, and is the finest port in the Argentine Confederation, at which you arrive in about twenty-six hours. From thence you take the Argentine Central Railway, and arrive at the city of Cordova upon the same day. Here commence the serraicas or mountainous districts, which extend to the valley of Rimac, comprising an area of about a thousand leagues. "We believe," says our author, "that at no distant time a public establishment will be founded in the mountains of Cordova for use of consumptive patients. Should this be the case, we can vouch that there will be no lack of visitors willing to support the establishment and anxious to aid it by their means in exchange for the benefits they have received there. The natural grandeur and magnificence of the mountain scenery would also contribute in no small degree to the attractions of the place and the benefit of the invalids. The city of Cordova is situated in a deep valley on the banks of a river amidst the most varied and beautiful scenery. Ascending from the city to the mountains, the traveller finds every variety of climate, with a difference of temperature at every ascent. In these varieties of temperature he will be certain to find one that is suitable to his complaint and agreeable to himself. The tops and sides of the mountains are covered with trees and shrubs, and the soil of the valleys is rich and very fertile, producing Indian corn, wheat, barley, sundry fruits and vegetables, and whatever the husbandman may desire to cultivate. Cattle, horses, mules, with sheep, roam in great herds on most excellent pasture. Huarracos and other wild animals inhabit the mountains. The wool of the sheep is of superior quality, and highly prized in the European markets. There are a great variety of trees in the plains, many of which are very lofty, and their branches form an agreeable shade, as well as add to the beauty of the scenery. The timber of these trees is of superior quality, well suited for the construction of houses and in the manufacture of furniture, etc. There are mines of gold, silver, copper and iron; the latter is abundant, and in good quality. There are also marble quarries, and the marble is very fine and of different colors; limestone of an extremely white nature is abundant—in short, there are few spots in the world where Nature has lavished such a variety of animals, vegetables, and mineral productions as in the province of Cordova.

Hypodermic Injections in Syphilis.

A writer in the *Medical Times and Gazette*, says: The subcutaneous injection of corrosive sublimate in the treatment of syphilis has been tried on an extensive scale in Germany and France, and recently Professor v. Sigmund, the celebrated Vienna specialist, has just contributed an account of the results of the trials that have been made in his Hospital.

These have been 113 in number, comprising all the forms and complications of the disease. Most of the patients have been females, several of these being pregnant or puerperal women. None of them were younger than 18, and only three above 40, and for the most part they belonged to the working classes. In the majority nutrition had not become impaired through syphilis. In those in whom it was defective this was attributable to tuberculosis, intermittent fever, cachexia, and inveterate syphilis, as also to loss of blood on delivery. Some of the patients had already been under treatment by means of other forms of mercury.

The injection employed was that recommended by Professor Lewin, of the Berlin Charite, viz., 4 grains of the sublimate to the ounce of distilled water. In order to prove successful, the injection must be performed with the greatest care and delicacy, good syringes with very fine and sharp canulæ being chosen. The best places for injecting have been found to be the outer side of the thorax, the abdomen, the upper part of the haunch, and the outer side of the upper arm, while the lower half of the haunch, the lower extremities in general, the back, and the inner side of the arm are to be carefully avoided. Patients treated by other Practitioners have applied to Professor v. Sigmund on account of extensive and tedious infiltrations surrounding the points of injection, and sometimes obstinate ulcerations, and in these cases the injections have usually been made on the back, and in most troublesome cases on the inner surface of the thigh. In his own clinic he has met with very few cases in which any considerable inflammation was produced. But then not only were the injections skilfully performed, but the patients were kept quiet, avoiding all motion and compression. It is a good rule to perform the injections in the evening in those patients who are unable to remain at rest during the day. In Hospital practice the patients did not make any objection to the numerous punctures sometimes required; but in private practice the accompanying pain and subsequent inflammation are much less patiently borne. In most patients one injection was made per diem, and in several in two places, without any local inconvenience arising. But in some of them stomatitis was very quickly produced, without being attributable to any other cause. The number of injections has been very different, but when the treatment has been pursued uninterruptedly they have averaged between twenty-nine and thirty, carried over a space of five, and not infrequently six or seven, weeks. The most unpleasant consequence observed has been the stomatitis, which in some cases has been very rapidly produced, sometimes even in six or seven days, and even quicker when the injection has been performed twice a day. This is, indeed, most surprising, when we consider how little of the sublimate (often scarcely half grain) has been introduced at a distant part. The mucous membrane of the mouth is alone affected, the salivary glands being little, if at all, concerned. As to the general result of his experiments with these injections, which, however, he acknowledges are at present insufficient in number, Prof. v. Sigmund considers they are an inferior means in the treatment of syphilis to the methodical mercurial inunctions which he has so long employed. Still in certain cases he regards injection as a valuable additional means of treating the disease. It is so in individuals who, from any cause, are unable to undergo inunction, and in those whose digestive organs are in a condition not to admit of their employing mercurials by the mouth. He has seen papular syphilis of young infants advantageously so treated, but they were children who were well fed and carefully looked after. He thinks great caution should be used with this means in patients suffering from kidney disease, as he has known such cases to become aggravated. Finally, all hygienic precautions are just as necessary in his mode of treating syphilis as in any other.

Reviews and Book Notices.

Aiken, or Climatic Cure. By Amory Coffin, M. D., and W. M. Geddings, M. D. Charleston. 1869. Pamphlet, pp. 53.

The authors of this work appear to be residents of Aiken, and their description of that locality as a health resort is therefore accurate, even if a little highly colored. For a certain class of cases the highland region along the Southren Apalachians is very well adapted. But the reasoning on the general question of "climate and health" is open to criticism, as for example in the articles on "Humidity," and on "Equability." To say, that "nowhere in meteorology do we find an agent more potent in the production of pulmonary consumption, or one which exercises a more deleterious influence than moisture" (pp. 28, 29), is singularly incorrect, as some of the most famous resorts for consumption is where the atmosphere is nearly at the point of saturation. Evidently the writers imagine the rain fall of a place to be indicative, or nearly so, of its moisture, an error often perpetrated. It is singular how widespread is the ignorance of medical climatology.

Scientific Zeal.

Professor Mantegazza, the physiologist, was recently engaged in investigation on the lowest forms of life. Believing that he could detect the very beginning of organic existence in an infusion he had made, he kept his eye steadily upon it, in the microscope, for sixteen hours, without intermission, until compelled by exhaustion to leave it.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 4, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

NOTICE!!

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN THIS COUNTRY. If the leading Physicians and Surgeons of America do not write for the medical journals, as do those of Europe, we are determined that it SHALL BE NO FAULT OF OURS. We shall expect—*and have a* RIGHT *to expect, a commensurate support.*

For new subscribers we make the following LIBERAL OFFERS:

1. To any of our present subscribers who will send us a new name, a copy of the PHYSICIAN'S DAILY POCKET RECORD; and credit on the books, etc., for more than one name, to the amount of ONE DOLLAR for each name.

2. New subscribers who remit $5, will be entered *to the end of* 1870. Those who send in their subscriptions *soon*, will therefore receive the REPORTER for FOURTEEN MONTHS for Five Dollars!

PORTRAIT OF DR. GROSS.

As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the MEDICAL AND SURGICAL REPORTER for January 1st, 1870, *a Splendid, First-Class, Original* STEEL-ENGRAVED PORTRAIT of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

☞ *A few* ARTISTS' PROOFS *of the Portrait will be struck off on boards of a size suitable for framing. Price* $1.00 *each.*

WOMEN AT CLINICS.

The press of this city, during the past week, has continued to discuss the action of the Medical Colleges in reference to women being present at clinics where men are exposed. We regret that they seem inclined to take the view, which is wholly groundless, that opposition to the presence of women means opposition to women studying medicine. This is an error. Those who object to the step taken by the female medical students, do it solely on the ground of propriety. They think that the native modesty of medical students and clinical teachers ought to be spared. They have not that excellent faculty of seeing so clearly the "impersonality of science," as the ladies express it, when women look at naked men, and not seeing it at all when men look at naked women. Their modesty is shocked, and as any ordinary woman not thoroughly imbued with the impersonality of science would feel a little awkward, we suppose, in lecturing to a mixed class on gonorrhea in the male, illustrated by clinical examples, so these gentlemen cannot but have some sentiments of the same kind.

Such feelings the ladies seem extremely unwilling to allow, or to take into account. Yet we assure them that, strange and even inexplicable as it may seem, to them, it is an actual fact that it is a disagreeable thing for a medical lecturer, who is a gentleman and a man of refinement, to expose the private parts of males to classes of young ladies. We ask them to think well about this strange sentiment for it actually exists.

THE WOMAN QUESTION IN NEW YORK.

The interest excited by the determination of the female students of medicine in this city to attend lectures in connection with male students has led to an expression of opinion among the students at Bellevue Hospital Medical College. At the close of a lecture by Professor HAMILTON, an invitation was extended to the students to remain in the hall when the exercises of the day had terminated, as a subject of special importance to them would be introduced. When the Professor had retired from the hall and quiet had been restored after the confusion incident to the dismissal, a member of the class was called to the chair, and it was found that about 150 students had accepted the invivitation to remain. One of these then stated the object to be the consideration of the question of the admission of women to the clinic lectures. Speeches were made generally adverse to the admission of women and favorable to the students in the University of Pennsylvania and the Jefferson Medical College of Philadelphia, who have resisted and still resist the admission of women to the lecture halls of their respective institutions. No action of a definite nature, however, was taken, most of the students apparently preferring to accept the suggestion of one of their number, that

they had better proceed with caution, and await developments in Philadelphia. It is understood that another meeting of the students will be held at an early day, and it will then be known who are and who are not in favor of the admission of women to the clinic lectures.

We are sorry to see that even the *New York Medical Gazette*, which ought to have been better informed, joins in the general hue and cry about the behaviour of the students here, and indulges in such unseemly expressions as "a most disreputable type of saw-bones," "ill-mannered male companions," etc. Medical journals should form opinions on some better ground than popular prejudice, or if they cannot, should keep their opinions to themselves.

A GOOD SUGGESTION.

A correspondent writes that it is the duty of every medical man to exert himself to secure for the naval medical officers a more dignified and just position. Physicians, especially those who live in the country, have some political and personal influence, and this they should exert in behalf of their profession. Certainly it is to the interest of us all that the physicians in the navy should have a position fitting their acquirements, and the importance of the services they render.

Notes and Comments.

Infant Mortality.

Dr. EDWIN M. SNOW, Registrar of the city of Providence, calls attention in his last monthly report to the prevalence of infant diseases and their cause. He says:

Though the percentage of infantile mortality in the city of Providence is comparatively small, being constantly very much less than in all other cities of equal or greater size in this country, yet it is even here altogether greater than it should be. It would be difficult to give any good reason, in accordance with nature or good sense, why in the pleasant month just past, 41 of the one hundred decedents should be less than five years of age. And this proportion is less than during the summer months, and less than in other cities.

This large loss of infant life in our American cities is usually ascribed to the effects of impure air, and this is undoubtedly true to some extent, especially in the summer season. But the loss of infant life is not confined to the summer season, nor to summer complaints, so called. The loss goes on in cold weather as well as warm, and lung fever, convulsions, congestion of the brain, and of the lungs, &c., destroy far more children than cholera infantum and diarrhœa.

The truth is, the chief cause of infantile mortality is not more the weather, or foul air, than the ignorance and false pride of the mothers. Children are killed by the manner in which they are dressed, and by the food that is given them, as much as by any other causes. Infants of the most tender age, in our changeable and rough climate, are left with bare arms and legs, and with low-neck dresses. The mothers, in the same dress, would shiver and suffer with cold, and expect a fit of sickness as the result of their culpable carelessness. And yet the mothers could endure such a treatment with far less danger to health and life than their tender infants.

A moment's reflection will indicate the effects of this mode of dressing, or want of dressing, on the child. The moment the cold air strikes the bare arm and legs of the child, the blood is driven from these extremities to the internal and more vital organs of the body. The result is congestion, to a greater or less extent, of these organs. In warm weather, the effect will be congestion of the bowels, causing diarrhœa, dysentery, or cholera infantum. We think that this mode of dressing must be reckoned as one of the most prominent causes of summer complaints, so-called. In colder weather, congestion and inflammation of the lungs, congestion and inflammation of the brain, convulsions, &c., will result. At all seasons, congestion, more or less, is caused, the definite effects depending upon the constitution of the child, the weather, and various other circumstances.

It is painful, extremely so, to any one who reflects upon the subject, to see children thus decked like victims for sacrifice, to gratify the insane pride of foolish mothers. Our most earnest advice to all mothers, is to dress the legs and arms of their children warmly, at all events. It would be infinitely less dangerous to life and health to leave their bodies uncovered, than to leave their arms and legs as bare as is the common custom.

Absinthe.

Our readers are probably aware that there has been a long and animated discussion in the English journals on the alleged poisoning produced by this favorite *liqueur*. It seems to have been decided that the alcoolate of absinthium produces a peculiar intoxication, and destroys the nervous powers more rapidly than other spirits. There is a club, or was a club, in Paris called *les absintheurs*. It numbered twenty members, who agreed to drink no liquor but absinthe. The members were elected for life, which

usually meant three years! Such is the tale. It is also said that absinthe is publicly sold in New York, and it is proposed to apply at once that universal cure-all, an act of Legislature, to prohibit it.

As long back as our memory goes it has been sold over the bars of the leading restaurants in this city, and we do not believe that the absinthium has anything to do with its noxious properties. These no doubt it has, but it owes them to the vile proof spirits or "high wines," of which it is compounded, and is not one whit worse than the "Bitters" advertised in all our newspapers, which are all made from a similar deleterious form of alcohol.

A Foolish Story.

We have received from two correspondents an extract attributed by the *Pall Mall Gazette* to a French Medical Journal which does not exist (or did not a few months ago.) Said extract describes a wonderful operation performed in Brazil, where one criminal's head was cleanly shaven off his trunk and placed on the neck of another criminal, who had been similarly treated, and the head united by the first intention! This is a fair joke on our French medical brethren who have been running wild lately on *la greffe animale*. And it is possible that it has found among the laity souls credulous enough to swallow it.

Medical Journals.

We notice the following recent changes in medical journals:

The *Medical Reporter*, of St. Louis, was sometime since merged into the *Medical Archives* of that city. A good move; there were too many journals there. The *Archives* is a good journal. St. Louis now has two good journals, the old *Medical and Surgical Journal*, published bi-monthly, and the *Archives*, published monthly. The Chicgo *Medical Journal* has passed into the hands of W. B. KEEN & COOKE as publishers, and is changed from a semi-monthly to a monthly. It is now one of the neatest journals on our table. Drs. J. ADAMS ALLEN & WALTER HAY are still the editors. We hope the improvement in the journal will extend to the editorial pages. Cannot the editors get a better term than "Loot" for their extracts from other journals?

Dr. E. GAILARD, we are glad to observe, promises a reform in his excellent journal, the *Richmond and Louisville Medical Journal*, in the matter of personalities, which are to be left out hereafter. Will the *Nashville Journal* follow so good an example? We would suggest to Dr. GAILLARD one other change, and that is of title. Can it not retain the field without the "Richmond?"

Dr. E. H. M. SELL, an industrious and intelligent physician of New York, has become editor of the *Physician and Pharmaceutist*. He manages to get an immense amount of information into it—though it is painfully mixed up with advertisements. Better separate them.

A new journal comes to us from Oregon—*The Medical and Surgical Reporter*—a very unfortunate name, for within the past twenty years almost as many journals have taken that name, and all but one have "gone dead." We hope better things of this particular journal, which is published by the medical faculty of Willamette University. There is the error. Cut it loose, and let it not be tied down to represent any special interest! Dr. E. R. FISKE is editor. It is published monthly, at Salem, at $4 a year.

It is proposed to start in Dublin, Ireland, a new weekly medical journal of high character. We expect to effect an arrangement with it which will be greatly to the advantage of our readers who may desire a good foreign medical journal.

A Hard Case.

The stupidity and ignorance of Coroner's juries is proverbial. But they have not always been malevolent as well, as it seems to us was the case with a jury in New York recently. Dr. MARVIN S. BUTTLES, a well-known physician of that city, and Professor of Obstetrics in the New York University, was called on to operate on a man for hemorrhoids, without fee, or hope of pecuniary reward, but purely in charity.

He took with him his assistant, intending to administer chloroform. Before doing so, however, and while turning the patient in bed, he died. Mary McGrath, a daughter of the deceased, testified that on returning home from work she met Dr. Buttles, and was informed by him that her father was dead. She asked if he had taken chloroform, and the doctor replied that he had not. After death, Dr. Buttles gave a certificate that death had resulted from dysentery and general debility. Dr. Buttles testified positively that he gave the patient no chloroform. Dr. Thos. C. Finnell and other physicians made a post-mortem examination of the body of deceased, and found that he had died of syncope. His heart, liver, and other internal organs were very much diseased, and death would have followed from the slightest cause. The jury rendered a verdict "that the deceased came to his death from syncope, whether from the administration of chloroform or not, from the testimony the jury are unable to determine. We consider Dr. Buttles deserving of censure for falsifying certificate of death."

Vulgar Errors.

That distinguished physician, Sir Thomas Brown, wrote a curious treatise, which he entitled "Vulgar Errors." In spite of our boasted enlightenment he might largely increase his volume did he live to-day. Dr. PAUL F. EVE has recently delivered an introductory lecture on the same subject, containing most just strictures of the ignorance of the public in medical matters. It is entitled "A Consideration of

some of the many Popular Errors in regard to Medicine and Medical Practitioners," and is reprinted in pamphlet form from the *Medical Archives*. We wish it could be distributed and read by the thousands as it is time that the ridiculous paragraphs about swallowing snakes, sleeping girls and miraculous operations and cures, were discarded by an intelligent press.

Soft Syphilitic Node.

In the *Lancet* for March 27, 1869, p. 429, it is stated that at the Middlesex Hospital a lad had just been admitted, under Dr. Murchison, whose wrist, at a casual glance, would suggest the idea of acute rheumatism. But, examined carefully, it is found that there is a puffy swelling *above*, not *in*, the joint. It is elastic and painless, and the movements of the digital tendons are not affected by it. On his sternum, in the right posterior triangle, and on the right shin, are similar swellings, and eight months ago he had one on the head. Syphilis acknowledged nine months ago, followed in three or four weeks by great headache, and appearance of the node. He has had spots, and some, but not severe, sore-throat.

Women at Clinics in New York.

Our New York correspondent writes: "In New York the medical students are much more gallant than their brethren in Philadelphia. They permit the female students to be present at all the cliniques without any manifestation of unpleasantness; and occasionally we have seen a flirtation carried on by way of comparing notes. Of course this is exceptional, but none the less a fact."

The Sanitary Influence of Sunlight.

Dr. John H. Griscom, of New York, delivered a lecture recently in New York on this topic. He treated the subject with ability, and in such manner as deeply to interest his audience. Such a lecture deserves to be heeded in New York with its narrow streets, tall houses and cellar population of 20,000.

Vaccine Virus.

Will some of our readers send us some vaccine virus immediately. They must co-operate with us in order to enable us to keep up an exchange for the accommodation of the profession.

Personal.

Dr. H. Knapp, late Professor in the *University of Heidelberg* (*Germany*), and now of New York, has been constituted an honorary member of The O. Æ. Society, No. 1, of Bellevue Hospital Medical College.

Correspondence.

DOMESTIC.

Life Insurance.

Eds. Med. & Surg. Reporter:

Some twenty years ago I was overtaken by a pecuniary disaster that almost reduced me to absolute poverty, recovering from which my mind was directed to the subject of Life Insurance, then in its infancy, with little experience by those controling it—its premiums high, and its policies full of restrictions and other objectionable features, now entirely done away with—I, however, became convinced of its value and availed myself of its advantages. The more I studied its workings the better satisfied I became, and since that period have been an earnest worker, both professionally and otherwise, in advancing its interests. What I say, therefore, is the result of an unusual experience, and as I speak of that which I know I should be entitled to a candid hearing.

Companies may be imposed on by unprincipled agents, some medical men may have distorted facts and given false certificates, but the companies ought not to be blamed for this, as they endeavor to procure the best talent possible; this their own protection would dictate; but if an improper person is sometimes selected by an unscrupulous agent it is soon discovered, and I have known them to be promptly discharged. It is a matter to be deplored that such men get into the profession, but until a higher standard is required for admission we will have to submit to the disgrace—the same class are to be found in the legal, and the clerical is not exempt.

I have said that most of the restrictions have been abolished; this holds good with nearly all the older companies, and all those organized during the last few years. As they have obtained experience they have become more liberal, so that at the present time I venture to affirm the advantages are altogether in favor of the assured. The contract of insurance has obligations on both sides. If you pay the premium for one or two years' insurance, and have lived through the term, you have received an equivalent for your money, and the contract is ended, just as in a contract for the rent of a house. If you failed to pay your landlord at the expiration of the time agreed on you certainly could not claim the privilege of remaining in his house, and I cannot, for the life of me, see upon what ground you can claim either your money or a longer continuance of the policy if you failed to pay your premium, or otherwise fulfil your contract. With this view of the question I fail to see the unfairness or injustice you refer to. But this is not all. Companies *do not* forfeit policies if they are notified in a reasonable

time; it is their interest to keep them alive; but if a person neglects to attend to the matter until months after his payment is due it is his own fault if the risk is marked off.

A company would make a very sorry exhibit to keep liabilities in force, long after it failed to receive the sum upon which its payment at maturity is based. If your clerical friend is in possession of an endowment policy, upon which he has paid two or more premiums, he can suffer no loss by its abandonment, unless by his own utter neglect, as I know of no company in the United States, that will not cheerfully give him a paid up policy for an equitable proportion of the full amount of his policy. I say further that no person insured, need lose one dollar by said insurance, in case misfortune rendered him unable to pay the premium, unless by his own neglect, as the majority of companies will give him its surrender value in money, or its equivalent in a paid up policy. There may be apparent unfairness in some cases, but the vast and beneficent advantages to all classes, and especially to physicians, so greatly outweigh them as to render them scarcely appreciable.

The system is based upon fixed and permanent natural laws, and in many States, to proper legislative restriction and supervision. Especially New York and Massachusetts. No other investment can be more secure. It is one, if not the leading monied institution of our country, and I am fully satisfied that none are better managed—there is no class of men more intelligent, or more devoted to their duties than our life insurance officers—they have grave responsibilities, and they meet and discharge them in the spirit of right and justice.

I have been insured for many years and of course paid a large sum of money in premiums, yet the solid satisfaction and comfort I have derived therefrom, when prostrated by sickness—in the knowledge that my family would be well provided for, in the event of my decease, has been a full compensation for all the money expended.

I might go further into the details of the various forms of insurance, giving you a history of the various mortality tables—the rates of interest adopted by various States, by which you would fully understand the difference in the value of assets, etc., etc., but I am admonished by your remarks, that these are questions you do not wish to discuss.

In conclusion, however, as you have mentioned the name of one company, as well as its chief medical officer, I beg to say a few words in reference to them. I know Dr. DERBY well, who, though he may be given to fine or extravagant writing when speaking of his own company, is none the less a well educated physician, well and favorably known to the profession in New York. He is a prudent and very careful officer, and a gentleman under all circumstances, and I regret to see him so unfairly criticised in my favorite medical journal. The *Knickerbocker*, with which he is connected, is one of the oldest life institutions in the country, well and favorably known throughout its whole extent. It is prompt and liberal in the payment of its losses, as many families in this city can testify.

Philada., 11*th mo.*, 13*th*, 1869. VINDEX.

The Intestinal Tube.

EDS. MED. AND SURG. REPORTER:

Dr. Hays' article in No. 662 of MEDICAL AND SURGICAL REPORTER, on the use of the long tube in colic, hernia, etc., was well timed—a process which is so perfectly safe and effectual as far as we can judge. It is strange it is so neglected. Perhaps because it takes so much time, and is not safely used, except by a physician. The great point, I think, is to *pass constantly a stream from the tube ahead of its own passage.* The bougie can be passed, by the pressure of the thumb and finger in this manner, but occasional rotation backward and forward must be made. I have often introduced it the whole length, or over two feet, by pressing it in this manner, a good warming in hot water and oiling being premised. I give you three cases:

July, 1869. John B.——, thirty-four; healthy; had no evacuation, by his account, for five days; free vomiting and tympanitis in great pain; salts, oil, cath. pills, and injections had been tried by the family to no purpose. Gave morphia gr. ½, calomel grs. x, immediately, in a few moments, passed long tube very easily, patient lying on left side, injecting fluid ext. belladonna ʒj., water Oiv., oil of turpentine ʒj. M.; retained ten minutes; repeated, varied by salt and water, and air six times in 24 hours. No result. Cal., camph. and opii pill every four hours. Seventh day, morning, pulse 120; great pain and enlargement of abdomen with tenderness, stercoraceous vomiting, etc.; patient calls loudly for the injection. Gave belladonna, turpentine, etc., as at first; not retained more than fifteen minutes; wind passes freely, and a little dissolved fœcal matter, and a slight color not noticed before; better at night; quieted by a pill of ext. belladonna gr. j., cal. gr. ij. every two hours; vomiting still very offensive. Morning of the eighth day copious stools, and well.

October, 1869. Wm. S——, fifty-four, machinist; spare and nervous; had been under the care of a noted quack for two days; bowels had not moved for a week; is subject to colic, he says; pulse 104 and weak, and constant vomiting, stercoraceous, caused by podophillin in part, I think, and injections of lobelia, and general quaking ad nauseum; carbolic acid grs. ij., calomel grs. xv., syrup f. ʒij. M., was given; hypodermic injection over stomach, morph. gr. ½. Injections with long tube from stomach pump as before; pulse weak, 118; abdomen very full and hard; tongue brown and dry; vomits a pint of fœ-

cal matter every half hour; morphia ½ gr. given at eleven has procured at once ease, but no sleep in the night; ext. belladonna, ext. hyosciamus aa℈j., calomel ℈ij; pills xv.; one every two hours, and injections of water and turpentine as before. 8 o'clock P. M., and the ninth enema procured free passage.

November. I. L——, nineteen, machinist; strong, healthy; two months ago attended him with colic of three days standing, removed by common treatment. Friday, Nov. 5th, ate a pint of raw chestnuts, bowels had not moved, however, in two days before; took common pills, salts, and oil with no results. Saw him on the 7th, pulse 100, skin dry and hot—tongue coated—had vomited slightly; calomel, camph., aa. grs. x; make 10 pills; one every two hours, ordinary injections, salt and water. 8th, about the same, easier, but injections bring nothing; pills continued. Long tube used four times, once air, which distended the abdomen and gave much pain; others, salts, belladonna, turpentine, etc., as before. Piles painful, but the bougie did not pain him in passing, only he said it made his "belly feel queer." Fœcal vomiting once at night—two quarts, terribly offensive—no result. Pills continued. 9th day, pulse 118, abdomen distended and painful. Tube passed, injection of smoking tobacco, ℥j to Oij, prostrated him very much, but gave no relief. Fœcal vomiting continued; gave hyosciamus and belladonna pill, as before, every three hours. Four enemas of turp. oil and water given; no action, but kept easy with the pills and hot fomentations, which were freely used in this and the other cases. 10th day, Dr. W. Nash saw the case with me, recommended ol. tiglii; three pills given, 1¼ drops in each, retained for two hours, and rejected by stercoraceous vomiting. Pulse 115, tongue darkly coated; cal., camph. and opium pills, every two hours. Dover powders, grs. xij, every 6th hour, urine passes more freely. 11th. Pulse, etc., not changed; pills, etc., continued. The long injections gave great relief to the immense tympanitic distension; tube passes the whole length to the pump itself, with no difficulty. Injection of turp. oil and water does the best; two or three lumps, size of a marble, and some shreds, came away. 12th. Pulse 120, abdominal pain and swelling great; no fœcal vomiting for 12 hours. Full warm bath ordered, with hop foments; 4 long enemas given as before. Injecting pipe at last would not pass more than 10 inches. Dover powders, grs. x, calomel grs. iij, every three hours; sleeps but little, breath short and distressing. 13th. Morning, looks better, had some sleep, pulse 105, distension great, but feels easier, some small lumps of dejection once; treatment continued; 4, p. m., had three copious, offensive stools; feels, he says, well, and recovered enough to travel on the 15th.

I make the following suggestions: the tube I think passes easier with the patient on the left side, half passed, then turned over on the back; manipulations are apt if much used to stimulate peristatsis, and force away the injection. I use the longest tube, the larger the bulb the safer. I use Dr. Hays' formula, omitting the egg, in preference to any other, and allow the rectal part of the injection—when the pipe is passed higher—to pass by its side. The belladonna pill I like best, only all extracts I can get are found uncertain. Most of the cases I have seen were without any discoverable tumor, and the locality of the obstruction uncertain. I think the last was one intussusseption. I have no doubts on the safety or passage high up of the tube, as it is not painful generally, and I have traced the bulb with my fingers high up in the colon. The only resistance of any consequence is at the sphincter ani which may deceive the operator.

H. L. W. Burritt, M. D.

Bridgeport, Conn.

Selling Diplomas.

Eds. Med. and Surg. Reporter:

In the September (25th) number of the Reporter there was a note in regard to the selling of diplomas by some medical college of Philadelphia. It seems that a morning paper had made the charge, but had not designated the institution. Now, sir, I have in my possession the evidence to prove that the "Philadelphia University of Medicine and Surgery" is engaged in the above business. If they deny the charge I will produce the proof if you will publish it.

Respectfully,

J. T. Davis, M. D.

Laconia, Indiana, Nov. 22, 1869.

The Sewing Machine.

Eds. Med. and Surg. Reporter:

Much has been said and written lately in regard to the injurious effect of sewing machines upon the health of women. Every physician of extensive practice in diseases of women, has no doubt lamented that so useful a labor-saving machine should be the cause of so much suffering and disease.

The constant concussion of the present motion, as it is communicated to the spine and pelvic ganglia, lays the foundation of many grave disorders of those parts, and aggravates all diseases of a nervous origin.

The excellent article in your last journal reminded me of what I intended to have done long ago, had it not been for the modesty of the inventor, that is to call the attention of physicians, to a simple alteration of the motive power of sewing machines, perfected after patient trial, and patented by Mr. Charles Richardson, of Auburn, N. Y., and which can be attached to nearly all the machines now in use at a reasonable cost.

This power is obtained by a simple oscillating mo-

tion of the legs below the knees—the feet being held in shoe stirrups. There need be but the slightest motion above the knees, and none of the hips.

This improvement has been thoroughly tested in this city, and is coming into general use here, much to the comfort and satisfaction of those who constantly use a machine.

EDWARD HALL, M. D.,
Auburn, N. Y., Nov. 15th, 1869.

NEWS AND MISCELLANY.

Adulterating Liquors.

An exchange says that there may be seen daily on Chestnut street, Philadelphia, a man clad in faultless apparel, with a great diamond upon his breast, vainly endeavoring to outglitter the magnificent solitaire upon his finger. In a German university he learned chemistry, and not even Liebig knew it better. His occupation is the mixing and the adulteration of liquors. Give him a dozen casks of deodorized alcohol, and the next day each of them will represent the name of a genuine wine or a popular spirit. He enters a wholesale drug store, bearing a large basket on his arm. Five pounds of Iceland moss are first weighed out to him. To raw liquor this imparts a degree of smoothness, of oleaginousness, that gives to imitation brandy the glibness of that which is best matured. An astringent called catechu, that would almost close the mouth of an inkstand, is next in order. A couple of ounces of strychnia (nux vomica?) next called for, are quickly conveyed to the vest pocket, and a pound of sulphate of zinc (white vitriol) is as silently placed in the bottom of the basket. The oil of cognac, the sulphuric acid, and other articles that give fire and body to the liquid poison, are always kept in store. These things are the staples of his art, and the mixer buys them at different places. Chemistry alone discovers the cheat. Among drinkers the question is asked with alarm, "Have we Bourbon among us?"

Cocculus Indicus, sulphate of iron (copperas), and other articles, that we have not time to enumerate, could have been added to the above list.

Food of Chinese Laborers.

At a recent sitting of the Vienna Society of Physicians, Dr. Herzfelder read a paper from Dr. Scherzer, of the Austro-Asiatic expedition, dated from Pekir, giving information about the so-called "Toa-Fu." The Chinese prepare from pounded leguminous plants, with which gypsum and water are mixed, a food (Toa-Fu) which resembles clotted milk, and which, when cooked, is eaten every day by the working classes. A laborer there earns daily about five cents, gold, and is fed by his employer. The workman receives in the morning a soup of Toa-Fu, rice and root vegetables; at midday, root vegetables, rice and beans; and at night, farinaceous food, root vegetables and rice, all of which do not cost over six or seven cents per day.

The New York Academy of Medicine.

The twenty-second anniversary of the Academy of Medicine, New York, was held at the College of Physicians on the evening of October 11th. The address was delivered by the President, GOUVERNEUR M. SMITH, M. D. In the course of his remarks he said:

"Of the thirteen Fellows who have presided over it since its inception in 1846, nine have been gathered to their fathers; and it is a noteworthy fact, strongly disproving the frequent assertion that medical science tends to materialism and infidelity, that they all died rejoicing in Christian faith and hope. Since the last anniversary death has also removed from the Academy, O'Reilly, Enos, Stevens and Guilford, 'men who would have adorned any calling, and of whom the profession has reason to be proud.'"

Intemperance.

DR. DRUITT, of London, finished an address before the Health officers recently with the following conclusion.—1. That the secret drinkers, for the most part, may be restored by kind medical treatment. 2. That public drinking can only be put down by improved public opinion, education, and circumstances. 3. That every possible restriction be put upon the sale of spirits, especially on Sundays, and that power be given to the ratepayers to veto the establishment or licensing of public-houses. 4. That habitual drunkards be encouraged to become teetotallers. 5. That the teetotal system operates beneficially, not by the pledge, which is often broken, but by the system of lectures and other means of moral and theological excitement. 6. That it were wise policy to provide rational amusement and wholesome refreshment at cost price for the masses. 7. That open drunkards be punished. 8. That drunkenness, together with the lesser forms of insanity, extravagance, gambling, betting, violence of temper, and other ruinous indulgences be subject to a Court of Chancery (?) at the instance of the persons on whom the care and maintenance of such drunkard, gambler, etc., would fall in the event of ruin. 9. That open drunkards be punished, and houses in which drunkenness is permitted be shut up. 10. That the common education of all classes is defective in moral teaching, and in training in the practice of abstinence.

——A mother who was frightened some months back at seeing a wagon run over a dog, gave birth to a child, in Medina county, Ohio, a few days ago, with one hand shaped like a dog's paw.

——A telegram from San Francisco announces the death of Dr. Frank Hamilton in that city on Friday, the 5th instant. The sad intelligence will be read with mingled sorrow and regret, not only by the bereaved family, but by his many friends in New York. He was the son of Dr. Frank H. Hamilton, the celebrated surgeon and professor at Bellevue, in New York city. He was a young man of more than ordinary ability. He graduated at Union College, and soon after was appointed a First Lieutenant in a New York regiment. He served with distinction in the Army of the Potomac, resigned this position toward the end of the Rebellion, and entered business in California.

——The weather for October, as recorded at the Pennsylvania Hospital, varied from 79° Fahrenheit on the 2d, to 34° on the 31st. Fifteen days were clear and seven rainy, with very heavy rain on the 4th, and the remaining nine days were cloudy and variable. October 3d was the occasion of the heaviest and most widely extended freshet ever known in the Middle States and New England. At Springfield, Mass., 8 inches of rain fell, and in New York, 4.21 inches.

——A Female Medical School for natives has recently been established at Bareilly, India, under the charge of Dr. Corbyn and Baboo Gungar Pershad. The female students, it is asserted, have shown great quickness and aptitude for the art of medicine, and have made surprising progress. The founders of the school have made application for aid from the Government, in order to carry on the institution on a larger scale.

——"Professor," said a student in pursuit of knowledge concerning the habits of animals, "why does a cat, while eating, turn her head first one way and then another?" "For the reason," replied the Professor, "that she cannot turn it both ways at once."

——Dr. Wm. Bell, a well known physician of Xenia, died on the 11th ult., at the age of seventy, wanting eighteen days. He was a native of Pennsylvania, but had lived in Green county, since 1810.

Army and Navy News.

The U. S. Navy Medical Department.

The *Medical Gazette* gives the following copy of a letter repudiating the statements made by Surgeon N. Pinkney, before the American Medical Association at New Orleans, in May last, generally signed by the Medical Officers of the U. S. Navy, and dated July, 1869.

"Lest a false impression may be created by Surgeon Pinkney's statement, made to the American Medical Association, at its annual meeting held at New Orleans, La., in May last, that the Medical corps was never placed on a firmer basis than at the present moment, the undersigned deem it proper to say that, although Dr. Pinkney was detailed at his own request to represent the Medical Corps on the above mentioned occasion, they repudiate his whole speech in letter and spirit, because it is not an exposition in any degree of the views of the corps. And they declare that the Medical Officers of the Navy are thoroughly dissatisfied with the position to which they have been recently reduced, and that they are alarmed at the still further reduction proposed in the bill of Senator Grimes, even with those modifications which Dr. Pinkney states would render it acceptable to him; and therefore they invoke Congress to secure them by law a just position or rank, with its corresponding privileges and immunities, in the naval service."

It may be interesting and significant to add that the above mentioned statements of Dr. Pinkney have been published by *the Line*, and are industriously and extensively circulated to give the false impression that the Medical Staff is content with its humiliated position—and also, that Dr. Pinkney, by order of the Navy Department, is engaged in inspecting the hospitals of Europe.

OBITUARY.

C. G. Stedman, M.D.

On Thursday evening, October 28th, the O. Æ. Society of Bellevue Hospital Medical College met for the purpose of transacting their usual routine of business, which having been disposed of, Doctor Edward C. Harwood, the President, announced the death of C. G. Stedman, M. D., a former Secretary, and alluding to his past career, spoke of the high estimation in which the deceased gentleman had been held by all who knew him. On motion it was unanimously

Resolved, That a committee be appointed to draft suitable resolutions, and Doctor McDonald, of the Kings County Hospital, was requested to prepare a eulogy which was read at the last session of the society, together with the annexed resolutions.

Whereas, The O. Æ. Society No. 1, of Bellevue Hospital Medical College have heard of the demise of Dr. C. G. Stedman, a former Secretary of this organization, a gentleman esteemed for his many valuable qualities as a man, student and practitioner.

Resolved, Therefore that we recognize in the death of our former associate a loss to the Profession at large, and while bowing to the will of Providence, beg leave to condole with his bereaved family.

Resolved, That a copy of these resolutions expressive of our own feelings upon this sad occasion be entered on the records of the society, and a copy sent to one or more Medical Journals for publication, and to his wife and family.

Robt. Taylor,
C. F. MacDonald, M. D.,
S. N. Leo, M. D.,
} *Committee.*

Eulogy—By C. F. MacDonald, M. D.

Mr. President and Fellows of the O. Æ. Society:

We have assembled here to-night upon an occasion of extreme yet saddened interest. The fact of death itself even among our own profession who necessarily see so much of it, generates in the heart peculiar emotions. It is a fact that calls up the most serious reflections. Let it invade our circles in whatever manner it may, it casts a dark, deep shadow and leaves its vestige of sadness. This shadow steals down upon us, and like the black wing of the eclipse, shuts out the sunlight.

The information of the sudden demise of our highly esteemed brother, Dr. Chas. G. Stedman, thousands of miles removed from us across the green prairies of the

far West, reaches us and casts about us its black shadow, a shadow not like that of the eclipse, soon to pass on, but a shadow that in some circles and in some hearts cannot be lifted this side of the eternal world.

Our brother whose loss we mourn to-night, was well known to many of us here, and a few words regarding some of the important events of his life may prove of interest.

Dr. Sedman was the third son and fourth child of the late Gen. Wm. Stedman, of Randolph, Ohio, and was born in that town October 13th, 1845, and was in the 24th year of his age. Up to March, 1864 his life possessed no event of material interest not common to farmer lads.

In March, 1864, he entered the army as a private in the Sixth Ohio Volunteer Cavalry, was afterwards promoted to the rank of 1st Lieutenant for faithful and meritorious service, which rank he held until the close of the war, when he was honorably discharged. After leaving the army he taught in a public school in Ohio for one term, and then completed his medical studies. He attended two full courses of lectures at Bellevue Hospital Medical College, and graduated in March, 1868, with the usual honors. While attending lectures he became an active member of the O. Æ. Society, serving one full term as Secretary, and the zeal, ability, punctuality and fidelity with which he performed the duties of his office are beautifully characteristic of that ardent devotion to duty and rectitude of principle which characterized his short but useful career.

After graduating he was married to Miss Mollie Hamilton, of Randolph, an amiable woman, who now deeply mourns his loss. In April, 1868, Dr. Stedman accepted an appointment on the medical staff of Kings County Hospital, Flatbush, L. I., where he remained until the autumn of '68, when he returned to Ravenna, Ohio, to enter into private practice as a partner of Doctor A. Belding, one of the best physicians in the State.

As a practitioner Dr. Stedman was remarkably successful, and bid fair to become a bright star in the profession. He performed one successful amputation of the lower extremity; also a number of minor operations. He was kind and attentive to his patients, and on account of his many virtues won the love and esteem of all who knew him. But his life of usefulness was soon cut short. Early in the spring of 1869 the occurrence of cough, night-sweats, hæmoptysis and emaciation proved beyond a doubt that that much dreaded malady, phthisis pulmonalis, had developed and established itself in his lungs. In the hope of deriving some benefit from change of climate, he went to Iowa in the latter days of June. Soon after arriving there he experienced another severe attack of hæmoptysis, which reduced him very much in strength. After this he improved somewhat and removed to Shakopee, Minn., apparently continuing to improve. On the afternoon of the day of his death he rode for several hours, and expressed himself to his wife as feeling almost well, but the amendment was illusory. The flame leaped up in the socket with a sudden warning blaze to be the sooner extinguished. But a few moments before he died he was taken with a violent chill, rapidly followed by another. A moment more and a gentle warmth pervaded his body, and at 7.40 P. M., nature and his labors both exhausted, his beautiful and gentle life ended in a death as gentle and beautiful.

"They thought him dying when he slept,
And sleeping when he died."

The remains were sent to the home of his childhood, in Randolph, for interment, and now lie quietly sleeping with others of his kindred in the cemetery at that place.

Gone before us, O our brother,
To the spirit land!
Vainly look we for another
In thy place to stand.
Who shall offer youth and beauty
On the wasting shrine
Of a stern and lofty duty,
With a faith like thine?

Early hath the spoiler found thee,
Brother of our love!
Autumn's faded earth around thee,
And its storms above!
Evermore that turf lie lightly,
And with future showers,
O'er thy slumbers, fresh and brightly,
Blow the summer flowers!

If the spirit ever gazes,
From its journeyings, back;
If the immortal ever traces
O'er its mortal track;
Wilt thou not, O brother, meet us
Sometimes on our way.
And, in hours of sadness, greet us
As the spirit may?

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

BEAVER—PATTERSON.—Nov. 17th, at the residence of the bride's parents by the Rev. C. McIlvaine, R. Beaver, M. D., and Mollie E. Patterson, both of Norristown, Pa.

IRELAND—DE FOREST.—On November 16th, 1869, at the Centre Church, New Haven, Conn., by Rev. Dr. Bacon, Mr. Joseph Ireland, of Cleveland, Ohio, and Miss Mary De Forest, daughter of Dr. Wm. B. De Forest, of New Haven.

KEITER—BOOTS.—In Cæsar's Creek township, Green county, O., November 14th, at the residence of Mrs. E. Boots, by Rev. Ell Kirk, Dr. Edward F. Keiter and Miss Marot Boots.

KNIGHT—MARLATT.—On the 3d inst., near New Hampton, N. J., by the Rev. John B. Kugler, M. D. Knight, M. D., of Little York, and Mary A., only daughter of Paul Marlatt, Esq.

MAHON—SMITH.—Nov. 18th, at St. Luke's Church, Germantown, by the Rev. John Rodney, J. Alexander Mahon, M. D., of Camden, N. J., and Mary Bringhurst, daughter of the late C. Augustus Smith, of Cincinnati.

METZGAR—LLOYD.—On Oct. 28th, at the Presbyterian Church, by Rev. D. Harbison, assisted by Revs. J. S. Hawk and P. S. Jennings, Dr. L. R. Metzgar, of East Liberty, and Miss Jennie M., daughter of David Lloyd, Esq., New Salem, Westmoreland county, Pa.

MCCORMICK—WOODS.—On Tuesday, November 16th, at the residence of the bride's parents, by the Rev. Geo. Marshall, D. D., John C. McCormick, M. D., of Mt. Washington, Pa., and Miss Ada M., only daughter of John Woods, Esq., of Bethel, Pa.

NOONAN—THOMAS.—On Nov. 9th, by the Rev. Dr. John Foley, of St. Martin's Church, Baltimore, Dr. F. H. Noonan, of Covington, Ky., and Fanny, daughter of L. M. Thomas, Esq., of Frederick City, Maryland.

TUCKER—FRAZIER.—On Nov. 11th, at the residence of the bride's mother, at Point Isabel, by the Rev. Silas Bennett, Dr. W. E. Tucker, graduate of the Medical College of Ohio, and Miss Annie Frazier, all of Clermont county, O.

TREADWELL—CLEMENT.—By Rev. Patterson, Oct. 26th, at the First Methodist Church, Memphis, Tenn., Dr. J. C. Treadwell, of Swan Lake, Arkansas, and Miss P. W. Clement, of the former place.

DIED.

GARRISON.—Near Woodville, Tenn., Oct. 16th, Armor Garrison, youngest son of Dr. J. B. Garrison and Gulnare Garrison, aged 16 months and 2 days.

LEE.—At the residence of his son-in-law, J. Edwin Conant, at Elizabeth, N. J., Dr. Edward S. Lee, aged 77 years.

NEWELL.—At Imlaystown, N. J., on the 22d of Nov., William D. Newell, M. D., in the 46th year of his age.

READ.—On Nov. 23d, at Mount Holly, N. J., Elizabeth Grandin, wife of Dr. Z. Read and daughter of the late William Wurtz, of Trenton, N. J.

METEOROLOGY.

NOV.	15,	16,	17,	18,	19,	20,	21.
Wind.....	W.	S.W.	S. W.	N. W.	S. W.	S. W.	W.
Weather.	Cl'dy	Cl'dy Snow	Cl'dy Rain.	Clear	Clear Rain.	Cl'dy	Clear
DepthRain			1 7-10		1 3-10		
Thermom....							
Minimum..	27°	24°	35°	30°	23°	40°	25°
At 8, A M.	36	36	58	42	35	55	41
At 12, M...	40	41	57	45	50	52	44
At 3, P. M.	41	41	52	46	51	53	50
Mean.....	36.	35.50	50.50	40.75	39.75	50.	40.
Barometer..							
At 12, M...	30.1	30.1	29.6	30.	30.1	29.7	30.

Germantown, Pa. B. J. LEEDOM.

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MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

OBSERVATIONS ON THE EFFECTS OF ELECTRIC CURRENTS UPON THE LIVING TISSUES, AND UPON NUTRITION.

By MM. Legros et Onimus.

Translated by J. Solis Cohen, M. D., of Philadelphia.

CHAPTER II.

CHEMICAL EFFECTS OF CURRENTS.

I.

The chemical actions which electric currents produce consist principally of decompositions. These decompositions depend upon the number and the size of the elements of the pile, and they are subject to the laws discovered by Faraday.

Organic substances are decomposed by currents, and may be thus separated into their immediate principles. Davy, passing a very energetic current upon a laurel leaf, found hydrocyanic acid at the positive pole, and a mixture of chalk, resin, and green coloring matter at the negative pole. Messrs. Conerbe and Pelletier have been able in this way to separate the morphia of a solution of opium. Upon muscles detached from the body and submitted for several days to a strong current, there has been obtained at the positive electrode sulphuric, phosphoric, hydrochloric, and azotic acids; and at the negative pole, the alkalies potassa, soda and ammonia.

Electric currents in traversing organic substances, decompose, then, the salts with which they come in contact according to the ordinary laws of electro-chemistry. This action has been utilized, especially in surgery. We may, in fact, and this is conceded a priori, decompose the salts which are found in the tissues, by means of currents sufficiently energetic, and obtain at the positive pole a cauterization due to the acids which present themselves there, and at the negative pole a cauterization made by the alkalies. The fact is readily proved, for we obtain at the positive electrode an eschar which reddens litmus paper, and presents all the characteristics of cauterization by acids, while at the negative electrode, the eschar is soft and turns litmus paper blue. The softness of this eschar may sometimes (though very rarely) become a point of departure for hemorrhage. It was so upon a pigeon into whose encephalon we introduced two needles through which we passed a current for ten minutes, for we found after death—which occurred three hours subsequently to the electrization—that the animal had succumbed to a hemorrhage which had taken place near the eschar of the negative pole. The eschar produced by the positive pole, on the contrary, was dry and bloodless.

Electrolysation has on many occasions been employed in surgery. Mons. Ciniselli was the first to call attention to this procedure. But, as has been justly remarked by Mons. Nelaton, in most of the cases where M. Ciniselli employed electrolysation, he might as well have had recourse to the usual means at the disposal of surgery.

It is necessary to have recourse to electro-chemical cauterization, especially in cases where other agents cannot be employed with equal advantage, as has occurred with vascular tumors, or with polyps located in the interior of organs. Electrolytic cauterization is a powerful means of destruction, the more that the surgeon can limit its action at his pleasure. M. Nelaton has shown the utility of this method and the mode of its employment in the electrolization of naso-pharyngeal polyps; and in a note presented to the Academie des Sciences, he has concluded as follows: "A voluminous tumor, very vascular, giving rise to hemorrhage at the slightest contact, situated deeply within the pharynx and nasal fossæ; a tumor which had been unsuccessfully

attacked by the most energetic agents, has been destroyed in six sittings by the implantation of two electrodes in its mass. This operation was made without effusion of blood, and did not provoke more pain than was easily endured. There was no untoward reaction upon the encephalon; and finally, the destruction was circumscribed within the limits imposed by the operator."

We may here add a remark useful to be remembered by physicians, and that is, that one of the laws of electro-chemical decomposition teaches us, that the quantity of substance decomposed is proportionate to the quantity of electricity which passes in a given time.

According to this law, the decomposition of tissue obtained by electrolysis is the same whether the extremities of the electrodes are single, or composed of several portions. Therefore if, as we have found by experiment, three or four needles implanted in the flesh and communicating with the same pile give each, at the end of five minutes, an eschar of a centimeter in extent, a single needle will furnish in the same time an eschar of the extent of three or four centimeters. There is no advantage, therefore, at least as far as regards the quantity of substance decomposed, in employing a large number of needles communicating with the same pole.

II.

It is necessary to remember, on the other hand, that in electrolytic decomposition the elements separated appear only at the surface of the electrodes. The following experiment made by Davy demonstrates this fact in a very precise manner. Three vessels being united, two by two, by a cotton wick saturated with water, a solution of a natural alkaline salt was placed in the vessel, and distilled water was placed in the other two. The liquid of the three vessels was colored with syrup of violets. When the current was established, the liquid near the negative pole became colored green, while the liquid at the positive pole became colored red, showing that the base of the salt went to the negative electrode, and the acid to the positive electrode. The liquid in the intermediate vase suffered no change of color, although it had been traversed by the acid in the base according to the disposition of the poles in the extreme vessels.

We have endeavored to profit by this transportation of elements to the surface of the electrodes, to augment the energy of electrolytic cauterizations. It is evident that if we introduce into the current a salt, such as the iodide of potassium, the iodine will go to the positive pole and the potassa to the negative pole, where each one of these substances will cauterize the surrounding tissues. We have, in fact, produced this effect upon different animals, and have proved the presence of the iodine by means of starch water. In other experiments we have observed analogous phenomena. Saturating sponges with a solution of azotate of potassa, and using these sponges as negative electrodes, we have been able to prove, both by sight and very readily by odor, a sufficiently abundant disengagement of azotic acid at the platinum wire, which communicated with the positive pole of the pile. This platinum wire was introduced under the skin, at 10 centimeters from the negative electrode.

III.

To demonstrate that the cauterization is due solely to the presence of acids or alkalies in the neighborhood of the poles, we have placed carbonate of soda at the positive pole, and a feeble acid, such as tartaric acid, at the negative pole. Under these conditions there had been some slight change in the transparence of the tissues, but an eschar had not been formed. In a chemical point of view the eschars produced by electrolysis are due solely to the acids and to the alkalies which are deposited at the electrodes, and will be equally obtained in employing directly an acid as a base.

But at the same time that the electric currents produce decomposition at the two poles, they act physiologically upon the tissues which they traverse, and if the eschars do not present the characters which are obtained by other acids and other alkalies, it is necessary to remember with M. Ciniselli, "that the chemical effects of the electric current are not limited to the cauterization, but that they extend to the interior of the tissues; that the diminution of pathological tissues treated by the chemical galvano-caustic is not proportionate to the material destruction produced, which is always greater, and continues sometime after the falling of the eschar."

Mons. Scoutetten has likewise observed, that in the treatment of hydrocele by electolysis, more liquid disappeared than was decomposed by the current. One portion, and that the greater portion, is then absorbed, and as the electric currents have a great influence

upon the circulation and upon the phenomena of endosmose and exosmose, it is not astonishing that their action is not limited to the sole apparent decompositions.

IV.

The decomposition of metallic salts, and the transportation of the elements to the electrodes, have been utilized by Mons. Pœy, to extract from the body metallic substances which are retained in the organism. But, although this application is just enough theoretically, it is impossible to employ it in practice. We do not reflect upon the small quantity of the metal to be found in the body, whether in saturnine poisoning, or in mercurial poisoning. To remove these substances from the organism it would be necessary to employ a current of an intensity which would be insupportable. Besides this, the metal most largely distributed in the animal economy, iron, would be equally drawn out, and the remedy would thus be rendered worse than the disease. MM. Pelikan and Sawilief, of St. Petersburg, who have occupied themselves a good deal with this subject, deny completely this transportation of metals out of the organism.

This action of the electric current could be utilized in legal medicine in cases of metallic poisoning. We have made some researches on this subject, the most striking experiment being one which produced the decomposition of iodide of potassium. Whether administered internally, or injected beneath the skin, we found evidence, at the end of some minutes, of the presence of iodine at the positive pole upon all portions of the body. Thus, for example, upon a rat, almost immediately after having injected several drops of a solution of iodide of potassium under the skin, we passed a current from 15 Remak elements, and in all portions of the body starch water was blued by the formation of iodine at the positive pole. The coloration was the more rapid and the more pronounced the nearer the poles were approached to each other, or placed in a very vascular locality. Upon the tail, for example, it required a longer time before the coloration appeared. It is thus evident that a salt introduced into the organism may be detected and decomposed by the electric current; but many conditions, particularly the solubility of the salt, develop great differences of effect.

V.

Electric currents, in traversing the blood, determine its coagulation at the positive electrode. The same occurs for all albumenoid bodies. This property has been utilized by Petrequin in the treatment of aneurism. We need not indicate the operative procedure; but experience has shown that in order to coagulate the blood in the aneurismal sac, it is necessary to employ tension of current and not intensity. Mons. Ciniselli, who has made a complete study of this subject (*De la galvanopuncture dans le traitement des anevrysmes de l'aorte thoracique*), always recommends the employment of the Voltaic pile, or an analagous arrangement; that is to say, small couples and without much intensity. "The pile of Volta," he says, "applied thirty times in twenty-one aneurisms, gave fourteen cures and seven failures, in six of which there supervened inflammation and gangrene of the aneurismal sac. In these cases, the couples which composed the pile had a large surface, and their number was raised to 60 and even to 80, so that the current produced vivid sparks. The intensity was greater than what is necessary to obtain coagulation of the blood. The piles of Wollaston, of Bunsen, of Daniel, of Senee (Linee?) applied twenty-eight times in nineteen aneurisms, produced eight cures and four failures. Eleven of the cases suffered grave accidents to which five succumbed, and in two the disease remained aggravated."—(*Gazette des hopiteaux* 8 avril, 1869.)

CHAPTER III.

PHYSIOLOGICAL EFFECTS OF ELECTRIC CURRENTS.

I.

Circulation. Interrupted Currents.—The interrupted currents, as is easily to be proved to the naked eye, in traversing the ear of the rabbit, or any other tissue, provided it be translucent, contracts the vessels, diminishing the circulation, and even arresting it completely. This arrest of the circulation is very well seen under the microscope; and we have varied the experiments, in all sorts of manners, upon cold-blooded, as well as upon warm-blooded animals.

We have studied these phenomena at length, in a previous work (*), and will only add here some remarks in reference to particular facts.

In applying the continuous current upon any region of the body, or upon a united nerve, or upon the filaments of the sympathetic, we intensity of the current, a contraction of the

* *Recherches experimentales sur la circulation arterielle* (*Journal d'Anat. et de Physiol.*, numeros de juillet et de Septembre, 1868).

arterioles. But the same result did not occur if the current acted upon an isolated sensitive nerve; in this case, instead of producing a contraction of the vessels, it determined a powerful congestion, and the vessels appeared dilated by the sanguinary contents.

II.

The law which we have pronounced in a somewhat absolute fashion, that is to say that interrupted currents contract the arterioles, presents an exception, then, in cases where the currents act solely upon sensitive nerves. Thus, in electrizing with induced currents upon the chorda tympani (Cl. Bernard), a considerable augmentation of the circulation and the secretion of the submaxillary gland was produced. Likewise, in expressing the auriculo-temporal nerve and electrizing its central portion (Schiff), a turgescence of the entire ear resulted very promptly. Similar phenomena take place in electrizing more of the sensitive nerves that can be isolated (Loven). We have examined the different theories to which these facts have given rise, but at the point of view in which we are engaged, it is only necessary to take account of the fact, whatever may be its cause.

Electrization of the limbs by means of interrupted currents traverse in general all the parts; motor nerves and sympathetic nerves are affected by the current as well as sensitive nerves, and consequently the consecutive effect is a contraction of the vessels. It may then be said, in a general manner, that interrupted currents diminish the circulation, and may even arrest it completely by means of the contraction of the arterioles.

Immediately after the electrization there is, on the contrary, a dilatation and an augmentation of the circulation.

III.

There is, however, a method of electrization in which we act upon the sensitive nerves only, and that is when we electrize the skin with dry electrodes, as with the metallic brush. In this case the non-conductibility of the epidermis (when it is not moistened) prevents the electricity from penetrating to the interior of organs. In fact, only the cutaneous sensitive nerves are acted upon, and their excitation, as does that of special and deep sensitive nerves, produces a more active circulation and an elevation of temperature. Messrs. Brown-Sequard and Lombard have observed that the irritation of the cutaneous nerves determines, in an active manner, an elevation of temperature in the limb irritated (*).

Induced currents, then, act upon the circulation in an entirely different manner, according to their mode of application. But, in the case of cutaneous electrization, there is no longer a special action of the electric current; the electricity acts more as an energetic mode of irritation, easily managed. Pinchings, frictions, etc., act in the same manner but in less proportion.

Mons. Duchenne has proposed cutaneous electrization in neuralgia, and in cutaneous and muscular hyperesthesia. According to this physician, cutaneous electrization, in determining a derivative pain, produces indirectly an anesthesia of the affected nerve. This explanation is a little hypothetical, the more so that it employs the term derivation, of itself quite vague. We see that irritation of the cutaneous sensitive nerves determines an augmentation of the circulation, and it is in this physiological fact that we find the best explanation of the action of derivative medicines; for, we repeat, in cases where cutaneous electrization is followed by success, we obtain equally good results from frictures, the red hot iron rapidly passed over the skin, vesicatories, etc. Mons. A. Becquerel is perfectly right then when he contends, in opposition to M. Duchenne, that cutaneous electrization aids in neuralgias by producing "a veritable capillary hyperemia, which very probably plays its part in the displacement of the neuralgic pains."

IV.

Continuous Currents.—Continuous currents augment in general the circulation. We have already cited the experiment made by Humboldt upon himself. There is imperfectly distinguishable by the unaided eye, a greater vascularity of the tissues; and Remak insists much upon the dilatation of the vessels which is perceived after some length of application of the current. Messrs. Robin and Hiffelsheim are the first who have examined the circulation under the microscope, and who have seen that the circulation becomes augmented under the influence of continuous currents. We have made numerous researches upon the subject, for we consider it as essential and of fundamental importance to thoroughly understand the action of therapeutic agents upon the circulatory phenomena. The greater or less quan-

*Archives de Physiologie, novembre—decembre, 1868.

tity of blood in a tissue, its variations of tension and of movement, are the primary cause, and often the only cause of pathological troubles. There are, without doubt, certain facts upon the interpretation of which we may have deceived ourselves, and we would be the first to dismiss systems and theories; but we believe it very important to dwell upon the fact which we have discovered, which relates to the direction of the currents. *The centrifugal or descendant current dilates the vessels; the centripetal or ascendant current contracts the vessels.*

V.

We have had occasion to observe several pathological cases where this law has been confirmed, and conducted us to very curious results. We have seen, for example, in cases of leucorrhœa, that the positive pole being applied upon the lumbar region of the spine, and the negative pole upon the neck of the uterus, the secretion has been augmented; while it has been instantaneously arrested, or at least much diminished and for two or three days, by placing the positive pole upon the womb and the negative pole upon the lumbar region. Many other cases have been equally instructive, but we do not wish to insist here but upon one other among them, which appears to us more striking than all the others. The following is the physiological experiment which serves us as a point of departure:

(To be continued.)

A CASE OF CÆSAREAN SECTION.

By Joshua B. Graves, M. D.,

Of Corning, N. Y.

Reported by Charles M. Graves, M. D.

The 17th of Oct., 1855, Dr. J. B. Graves was called to see, at 10 A. M., a Mrs. Bump, at Centerville, now Corning, N. Y. She was twenty-six years old; married two years; her body of medium size; her arms and forearms, her thighs and legs about the size of a child of ten years, though rather more fleshy. Her husband carried her about the country exhibiting her as a great curiosity. She was exhibiting at Centerville when she was taken in labor, Monday, October 13th. She had had a number of medical advisers previous to the 17th; had had fourteen different physicians to see her; she was at this time under the special care of a young physician of Corning. On the morning of the day Dr. G. first saw her he made an attempt to perform craniotomy, but without success. There were ten physicians present when Dr. G. reached the house; he found her very much prostrated; no labor pains; pulse extremely feeble; external surface extremely cold. On examination per vaginam found the os partially open, easily dilated, the head of the child pressing firmly on the brim of the pelvis in the right iliac fossa. The waters were evacuated on Monday. The pelvis was so narrow that it was with great difficulty that the index finger could be passed through it so as to determine the position of the head. The face of the child was turned to the right iliac fossa. Dr. G. soon concluded that the child could not be delivered alive or dead by the vagina, and that mother or child could only be saved by the Cæsarean section. After consultation it was determined to administer stimulants and give the patient a few hours' rest before attempting the operation. That practice was commenced and the council adjourned until 3 o'clock, P. M. The patient soon fell into a quiet and refreshing sleep; was aroused every half hour and stimulants and tonics administered. At 3 o'clock reaction was quite well established, and she had occasionally slight labor pains at intervals of ten or fifteen minutes.

We ascertained by auscultation that the child was still alive, and that the moment for operation, with any prospect of success, had now arrived. Having made our preparations, the patient was placed upon a couch—chloroform was administered, and, assisted by Dr. Brown, of Addison, an incision was made in the linea alba from two inches below the umbilicus down towards the symphisis pubis six inches in length. The walls of the abdomen were then retracted with two blunt hooks of bent wire and firmly held by two assistants. This brought the uterus into view, within reach and of easy access. Dr. G. then steadying the uterus with his left hand, with the right hand made an incision through the walls of the uterus, commencing in the centre of the organ three inches from the fundus, cutting carefully and slowly down toward the cervix, four and one-half inches in length—deepened the cut until he reached the cavity of the womb, then retracting the walls of the uterus with the fingers, the right leg of the child was brought into view, and the child readily and easily extracted and the cord ligated and cut. The womb immediately contracted with vigor, the placenta loosened with very little hemorrhage and was removed through the

incision. The womb now contracted so that the incision was not over two inches in length, and its sides appeared to be in perfect apposition. After sponging out the abdomen, Dr. G. closed the incision with adhesive plaster, sutures, and with a bandage over all. The entire operation occupied but fifteen minutes.

The patient came out from the influence of the chloroform and the operation without any unpleasant effects, except that she was greatly reduced. Ordered stimulants every half hour, with a little rice water, and 1-4 of a grain of morphia sulph. every 4 hours. She rested well that night (17th) and appeared well the next day, the 18th. The stimulants were discontinued; the morphia and nourishment continued. The child, a boy weighing seven pounds, was alive and well. The patient continued to gain, and appeared to be doing well until the next Wednesday, the 22d. On the morning of the 22d the physician who had charge of the case supposed the bowels should be moved, and administered a tablespoonful of castor oil and a teaspoonful of spirits turpentine. One hour after the patient was in great distress. Early in the afternoon Dr. G. was called; when he reached the place, found her in extreme distress, complaining principally of pain in back and lower part of bowels; pulse small, frequent and irregular; countenance, anxious; no tenderness of abdomen; no bloating of bowels. The wound of the abdomen looked healthy, and was rapidly healing. Ordered the morphia increased to half a grain; injections of warm water in the rectum and vagina; very little lochia came with the injection from the vagina, and a very little bloody mucus with the injection in the rectum. Her distress continued with very little abatement till Thursday, at 4 o'clock, when she died.

Friday, at 11 A. M., Dr. G. held a post mortem in the presence of a large number of physicians.

There was no apparent inflammation of the peritoneum.

The incision through the abdominal walls, in its entire length, had united, though the union was not sufficiently strong to hold the parts together after the removal of the ligatures. The process of healing was going on very well, and had advanced as far as could be expected in so short a time. The incision through the uterus was in a similar condition. There was an accumulation of lochia in the cervix uteri, and a slight oozing therefrom through the lower part of the incision. The mouth of the womb was so nearly closed that but little lochia passed into the vagina. The vagina was much inflamed, and there were three holes through the posterior wall near the os. There were three wounds through the rectum extending through the anterior and posterior walls. There were three wounds in the sacrum, near its junction with the lumbar vertebra. There was extravasated blood between the rectum and the sacrum, and also some pus, though not a large quantity. The parts from the promontory of the sacrum to the cervix were in a high state of inflammation. The physician who attempted to perforate the head of the child must have mistaken the promontory of the sacrum for the head. The wounds in the sacrum seemed to indicate that the perforator entered the sacrum, and was then opened. Such was the deformity of the pelvis that that mistake was very easy to make. The antero-posterior semi-pubic or conjugate diameter of the pelvis was one inch. The lateral transverse or iliac diameter measured five and one-half inches from a point midway between the promontory of the sacrum, and the sacro-iliac junction to the ramus of the pubis on the same side, measured one inch and one-eighth. The anteroposterior diameter of the inferior strait was six inches These measurements were made after a careful dissection of the pelvis before it was dried.

A very interesting question now arises. What was it caused the death of this woman? Was it the operation, or was it the treatment she received before the operation? or both combined? Had we known what had been done previous to the operation, could the fatal result have been avoided? Was death caused by the violent inflammation in the pelvis? If so, why did not the symptoms manifest themselves before the oil and turpentine were administered? Did the morphia hold the inflammation in abeyance until the cathartic was given? If the inflammation had been active all this time, why did it not form pus and an abscess. The pelvis was stolen from Dr. G.'s office before he had time to examine it, and determine to what extent the wounds of the sacrum had injured it, if any. Did the administration of the oil and turpentine produce death? Why was there such violent inflammation about the vagina and rectum and the sacrum, and only adhesive inflammation about the incisions through the abdominal walls and uterus?

The child is still living in Pennsylvania, is a large, well formed and intelligent boy, in his fourteenth year.

There was no vomiting during the entire time of her sickness. There was no secretion of milk.

Hospital Reports.

BELLEVUE HOSPITAL, NEW YORK.

Specially reported for
THE MEDICAL AND SURGICAL REPORTER.

1. DIEASES OF CHILDREN.

Clinic of Prof. A. Jacobi.

Chorea.

A boy five years old, of healthy parents, was presented, giving a history of having been affected with the present trouble for three months, and two months ago having had rheumatism. The muscular actions on his right side are involuntary, and twitching to such a degree that he can with difficulty put a penny in the pocket on that side, but on his left he does not have that difficulty. His speech is also slightly altered, although on pulling out the tongue there is no evident paralysis.

Prof. Jacobi said this was a case of chorea minor; chorea is divided into the two forms—chorea major and chorea minor. Chorea minor, or St. Vitus' dance, is a disease of the nervous centers, in which there is a want of co-ordination of muscular action. This rarely takes place in sleep, but in severe cases the motions have continued even under the influence of chloroform. During sleep it is usually found that the chorea is discontinued, but frequently it occurs that if the patient begins to dream, the motions occur, and when there is profound slumber there is also complete rest. In the great majority of cases this disease is unilateral, but in very bad cases it may be bilateral. In this latter class, however, it begins unilaterally. When the case is fatal, the cause of death is the exhaustion which ensues, and for which no relief is given. We must look either in the cerebellum or its neighborhood for the seat of lesion in this disease, for I still believe, regardless of what has been affirmed, that the cerebellum is the center of the co-ordinate power. In many cases no lesion whatever can be discovered that would account for the symptoms.

It often happens that there is a direct relation between rheumatism and chorea minor, and it may be that the cause of the chorea is due to a rheumatic affection of the meninges as well as to hyperæmia of them. Irregularity of the circulation, so common in children, or impoverished nutrition, may and does frequently cause chorea. As I previously said there a relation between rheumatism and chorea, as in the present instance. We may have chorea on one side and rheumatism on the other, or it may be that the first thing noticed is chorea, and on examination discover cardiac lesions.

Children are very subject to pains to which little attention is paid, and are classed as growing pains. Many times these are rheumatic, involving either the muscles or the periosteum. These conditions are very liable in later life to give rise to diseases of the nervous system, as hysteria, etc.

Treatment.—The patient must be treated mainly by symptoms. In this case I think I should give three drops of Fowler's solution. I believe it is the best remedy. Ten years ago I gave the nitrate of silver, because it is a reliable nervine, and now and then I still have recourse to it occasionally. Belladonna is found of service.

As a rule we may expect, to see the effects of the arsenic, in three or four weeks and in six or eight weeks a cure.

Cases have occurred where I found the constant galvanic current of much service, to control the motions when other means have failed. In one child that had not slept for a fortnight, it acted like a charm in procuring sleep. I consider it to be one of the most valuable anti-spasmodics that we possess.

If convulsions are very violent chloroform is to be employed.

If I had one of those cases at present to treat, I think that I should use the hydrate of chloral in preference to chloroform, but, so far, its merits in this condition have not been established, though I think there can be but little doubt as to the result.

2. DISEASES OF WOMEN.

Clinic of Prof. T. G. Thomas.

Hypertrophied Elongation of the Cervix Uteri —Operation.

Mrs. B., a case shown at a former clinique, was presented for operation. The cervix projected out of the vulva, bearing a striking analogy to the male organ.

Professor Thomas explained that it might be diagnosticated from prolapse by the probe, speculum, touch, also by conjoined manipulation. In this instance the uterus cavity measured over four inches in length.

In the treatment of this condition different plans have been proposed.

1. By slitting up each side of the elongated cervix, dissecting off the mucous membrane, amputating the flaps, and then covering the stump with the dissected membrane.

2. By means of the *ecraseur*.

3. By *Galvano-Caustic*.

Recourse was had to the latter method in the present case. The wire loop of the instrument was adjusted around the neck, and in about two months one inch of the cervix was removed.

After the operation, slight hemorrhage took place, but was easily controlled. The bleeding was due to the wire loop cooling slightly during the operation. This was occasioned by connection being accidentally lost with the battery for a few moments.

Afterwards the vagina was tamponed slightly, to prevent the further possibility of hemorrhage.

Prolapse of Uterus.

Mrs. F.—This patient has been long suffering from prolapse of the uterus, and for which she has obtained but slight relief. She has worn a thin India rubber ball in the vagina; this answered very well for a time, but the air escaping, it was rendered useless. Whilst her circumstances prevented her removing it, Dr. Cutler's pessary was advised and applied. No inconvenience is experienced, as might be expected, from the tube passing up the cleft of the nates.

Dislocation of Ovary.

Mrs. L.—Patient suffers with very great pain at every monthly epoch. A vaginal examination reveals a small tumor at the upper and posterior portion of the vagina. Upon making pressure upon this tumor great pain is experienced. The diagnosis is dislocation of the ovary downward into Douglas' cul-de-sac. It is much enlarged, in all probability from sub-acute ovaritis. The reason of the pain noticed during the menstrual period is from engorgement which takes place, and increases the difficulty.

The prognosis is very unfavorable, and relief will come but slowly.

The treatment that will be recommended, consists of applying tr. of iodine to the upper portion of the vagina; also a suppository containing belladonna.

In order that the patient may not be habituated to the influence of opium, bromide of potassium (5 grs. ter die) also may be given, inasmuch as this remedy in small and regular doses is of advantage in this class of cases.

Whilst the patient is passing through her menstrual epoch, it would be very serviceable to elevate the foot of the bed, in order that gravity might assist in preventing engorgement.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

November 7th, 1869.

Special Report of the Section of Obstetrics.

BY J. J. QUINN, M. D., CHAIRMAN.

Reported by Dr. Hadlock.

The section on obstetrics, to whom were referred the papers of Dr. J. T. Whittaker, read before the Academy, has given the subject treated of as full consideration as the very limited time since the essays were submitted would allow.

The first essay, "On the Examination by Palpation of the Pregnant Abdomen," gives the history of the external examination of the abdomen as a means of diagnosing the position of the fœtus in the uterus, and dwells particularly upon them eager notices of it by English writers; and it is claimed, that an expert manipulator can not only determine the actual position and presentation, but can also ascertain very nearly the exact weight and length of the child.

Although it is true, as intimated by the essayist, that English obstetrical works generally contain no long dissertations on the examination of the abdomen by palpation, there is not one, that we are aware of, which does not mention the enlargement and shape of the abdomen as signs of pregnancy. They may not all direct the application of the hand to the abdomen to ascertain the changes it may have undergone, any more than they direct the eye to the mammæ to notice the change around the nipple, but they do not, therefore, imply that palpation of the abdomen, any more than inspection of the breasts, is of no importance in diagnosing a case of pregnancy. Not only do English obstetrical writers mention the changes in the size and form of the abdomen, but they give the differential diagnosis between an abdominal distension from an enlarged uterus, and one from other causes, which cannot be made without external examinations. They also particularly specify the progressive stages of the enlargement of the gravid uterus corresponding to the different stages of pregnancy; and some of them assure us that at certain periods of gestation the limbs of the fœtus may be often distinctly felt through the abdomen. These views are not confined to obstetrical writers alone, but are either directly laid down, or clearly deducible from Hall on Diagnosis, Barclay on Medical Diagnosis, Guy's Forensic Medicine, Beck's Medical Jurisprudence, and other English and American works. With such information the intelligent student of English medical literature would hardly fail to attach importance to external examinations of the abdomen in pregnancy. Of what use would be a knowledge of the position which the fundus of the uterus occupied at the end of the third and each subsequent month of gestation, unless the physician was expected to profit by it in determining the existence and stage of pregnancy by palpation of the abdomen in connection with other symptoms? And who would detect and trace through the abdominal walls, the situation of the fœtal limbs without forming at least an opinion on the position of the child in the uterus?

But we are not wanting in direct instructions upon external abdominal examinations. One of the modes explicitly recommended for distinguishing a uterine from an abdominal tumor, is palpation. The method proposod by Morgagni, and since recommended by

a number of obstetricians, of immersing the hand in hot or cold water, according to the state of the weather, and suddenly applying it to the abdomen to incite fœtal movements, is but a species of palpation. P. Cazeaux, in his work on midwifery, translated into English by Dr. Robert P. Thomas, of Philadelphia, as early as 1850, says that, in certain cases, we must "rely more particularly on abdominal palpation" to detect the active movements of the fœtus, than upon any other mode of examination. The same writer lays down particular directions about the position in which the patient should be placed, the mode of manipulation, and the obstacles to be guarded against and overcome in the examination. And he assents to the views of Schmitt, that "abdominal explorations" are often more valuable in determining a case of pregnancy than internal examinations, and that they should always be resorted to in our efforts to form a correct diagnosis.

Notwithstanding the authority we have for the employment of the external examinations, the distention of the abdomen from an enlarged uterus, and the forms or shape of the tumor producing it, have not generally been regarded as absolutely certain and reliable signs of pregnancy. And if not reliable evidences of the existence of a fœtus within the uterus, it might be asked how they can infallibly reveal, not only the position and presentation, but the size and weight of the infant? Although we may learn from palpation that the expansion and conformation of the abdomen arise from an enlarged womb, and not from ascites, or tumors external to the uterus, are we sure that the changes have been the result of pregnancy? Can we determine positively in the absence of fœtal movements, placental murmur, or motions of the fœtal heart, from an external examination, whether the enlargement of the uterus is the result of conception, or whether it is caused by moles, hydatids, or other morbid growths within the cavity of the organ? Fodere and Mahon seem to think not. And this is also the opinion of most writers upon the subject with whom we are acquainted. When an examination at an early stage of pregnancy is deemed necessary, Fodere and Mahon advise the emptying of the bowels and the placing of the patient on her back with the knees elevated. Then, they say, "if the woman be not too fat or deformed, the uterus may be felt through the parietes of the abdomen, by applying the extended hand over the middle of the hypogastrium, so that the thumb touches the navel and the small finger the pubes. On her making an expiration the enlarged uterus may be felt, hard, and of a spherical form. If these be present *they indicate an increase in the size of the uterus, but not the cause of it.*

If to palpation be added ballotement or auscultation and other methods of examination, the diagnosis would, of course, be more certain. But would it even then indicate the position and presentation? Dr. Francis H. Ramsbotham tells us very emphatically that "*there are no symptoms manifested* previously to the commencement of labor, by which we are able to determine that the child lies transversely in utero." After alluding to some of the conditions that may cause an unusual form in the distended abdomen and lead to a suspicion of a transverse presentation, he adds, "we can, therefore, by no means rely for a diagnostic mark on the external figure as detected by the application of the hand." Although we may *suspect* an irregular position, "it is," he continues, "only after labor has commenced, and when, indeed, it has made some progress, that we can positively detect a transverse presentation." And he concludes by saying that "we can only *positively detect* a transverse presentation by distinguishing the different parts of the child, which indicate to us the mode in which it lies." Upon the subject of breech presentations he states that no reliance can be placed on the size and shape of the abdomen as compared to its appearance in former pregnancies, and that "there is not one symptom by which we are able to detect that the breech will present previously to the commencent of labor." And he adds, that any suspicions drawn from the belief that we have detected the hard, globular head of the fœtus through the abdominal parietes, even though the walls of the uterus were unusually thin and the woman much attenuated, "must be very liable to error; for it is far from easy to distinguish the head by the hand applied externally; and the labor must be somewhat advanced before we can ascertain that the breech is offering itself at the pelvic brim." In these views Dr. Ramsbotham is sustained by other high authorities. On the other hand Cazeaux lays down certain external signs by which a transverse position may be reasonably suspected even before the beginning of labor, and he asserts that breech presentations may be "almost positively diagnosticated" before labor has commenced.

Our own experience would not warrant us in discarding examinations of the abdomen by palpation as a mode of diagnosis. We regard it as a valuable, though not infallible, means of determining the existence of pregnancy, and also of enabling the operator at advanced periods of gestation to form an opinion whether the position is natural or irregular. Of course when aided, as recommended in the paper, by auscultation, its value is enhanced. The author, however, just quoted (Cazeaux) "does not believe that auscultation can throw any light on the diagnosis" of transverse positions, although it may assist in detecting some presentations of the vertex and breech. Whether palpation possesses all the advantages and virtues claimed for it by its ardent advocates, may be doubted; at all events it is a subject still open for discussion; and as such we report it back to the Academy.

(TO BE CONTINUED.)

PROCEEDINGS OF THE NEW YORK JOURNAL ASSOCIATION.

Novel Method of Applying Pressure.

Dr. Lewis A. Sayre laid before the Society a new method of applying pressure. It consists of India-rubber bags so made as to encircle the part. So efficacious are they that by blowing them up, the circulation in a limb will be stopped. By filling the bags with hot or cold water another very valuable application is obvious.

Dr. Sayre stated that he obtained great benefit from it in chronic synovitis of the knee-joint, but that its happiest results were obtained in diseases of the ankle-joint, where it was absolutely impossible to keep dressings on without giving rise to chafing and inconvenience. Some discussion arose as to whether or not irritation would be caused by the material of which the apparatus is formed. Dr. Sayre said in reply that in one case of his the patient had worn one of them without any discomfort whatever for five months.

Dr. Post read notes of two cases of

Stricture of the Urethra.

in which the patients when anæsthetized allowed of the passage of large instruments, although before it was found impossible to pass them.

A New Journal Projected.

Dr. Henry being present, and being requested to inform the Society in respect to his projected quarterly on syphilography and dermatology, said that it was his intention about the beginning of the year, to issue a periodical on the above subjects. He said that there was none such in the English language, but that Erasmus Wilson issued one in England on dermatology.

NORFOLK, MASS., DISTRICT MEDICAL SOCIETY.

From the Proceedings of the Quarterly Meeting at Hyde Park, Mass., November 10th, 1869.

The Case of Dr. Charles L. Green, U. S. Navy.

Dr. Stedman, of Rochester, asked the attention of the Society to a recent trial in the Navy. He read to the members the General Order, No. 140, of the Department, which promulgates the charges against, and sentence of Dr. Charles L. Green, for refusing to take the name of a seaman off the sick-list when ordered to do so by his commanding officer. He also quoted part of the article commenting on this sentence from the November number of the *Philadelphia Medical News and Library*, and announced that Dr. Green had resigned his commission as Past Assistant Surgeon in the Navy.

Dr. C. C. Holmes, of Milton, said he took pleasure in moving the following resolutions:

"The members of the Norfolk District Medical Society, having read the General Order, No. 140, of the Navy Department, containing the charges against and sentence of Dr. Chas. L. Green, late Passed Assistant Surgeon, U. S. N., *Resolved:*

"1. To express their sympathy with Dr. Green, and their approval of his conduct.

"2. That the resignation of his Commission was due to the dignity of the profession which he represents.

"3. That while his reprimand stands on record, it is not easy to see how any young gentleman of education and spirit can apply for admission to the Medical Staff of the Navy.

"4. That the present status of the Medical Staff of the Navy, impairs the efficiency of the corps and the service, and constitutes a grievance demanding redress by Congress.

"5. That the Secretary of the Society be directed to send a note of this action of the Society to Dr. Green, and to print it in the *Boston Medical and Surgical Journal*, and the *New York Medical Gazette*, and Medical and Surgical Reporter."

The President, Dr. Cotting, said that he agreed heartily with the spirit of the resolutions, and suggested that 300 copies be printed for circulation, and a copy sent to each member of Congress from Massachusetts; which was agreed to.

Dr. Hazleton, of Mattapan, in seconding the resolutions, gave some details of his medico-naval experiences.

Dr. Edes, of Roxbury, said he was one of those who had escaped from naval life into freedom, and remarked that the case in question had its origin in the undefined authority and status of the Medical Staff in the Navy. No one who lived on shore could understand the importance of an officer's rank on board ship. On it depended not only his comfort but the respect due from others, and almost his own self-respect. The Medical Officers did not want *command*, but they desired a position suited to the dignity of the profession they represented. He had the pleasure of knowing many honorable and gallant naval officers who were far above the meanness which could offer indignities to gentlemen of other professions associated with them, but he wished the doctors to receive by law and as rights, even more than the privileges which are now often accorded to them by usage and courtesy, but which may be, as in the case of Dr. Green, infringed by the whims or overbearing disposition of a martinet captain.

Dr. Burgess, of Dedham, said he wanted the resolutions passed, not only from sympathy with Dr. Green and the Medical Corps of the Navy, but also in behalf of the men before the mast who had a claim on the surgeon's judgment and skill.

The resolutions were adopted unanimously,

Edward Jarvis, *Secretary.*
B. E. Cotting, *President.*

PATHOLOGICAL SOCIETY, NEW YORK.

November 24th, 1869.

The President, Dr. SAYRE, in the chair.

Death from Laudanum and Chloroform.

Dr. FINNELL presented three specimens.

First, the stomach from a patient who committed suicide by swallowing two ounces of laudanum. Death occurred eighteen hours after taking the laudanum; five hours previous he was taken to Bellevue Hospital where he breathed about four or five times every minute. The stomach pump was used to inject water and eject the contents, but breathing completely stopping, it had to be removed. By the advice of Prof. Loomis cold douche was used; respiration then rose to twenty per minute; this was kept up by the galvanic battery being applied every two minutes. Up to this time pulse was slow and full; pupils moderately contracted. It now began to get weaker. This continued for four hours, when he died. Previous to death, breathing was sighing and simulated that found in coma of meningitis. There was no rapid increase of breathing just before death. The stomach was found to be in places congested.

The second specimen was obtained from a case of death by chloroform whilst being operated on for piles; six weeks previously had a severe attack of dysentery. Liver showed a cavity holding 8 oz. of pus. The organ was cirrhotic. Heart pale and flabby; spleen contained some nodules.

Bronchocele.

The third specimen was from a Swede, æt 45. The case showed a large bronchocele of the shape of a kidney with its concave surface directed upward. The patient died of *delirium tremens*. On making the autopsy, and removing fascia, large veins, the size of a crow quill, are discovered running perpendicularly, smaller ones transversely. In this case the spinal column had undergone lateral curvature, whilst the vertebræ were rotated, giving rise to the appearance of projection, as observed in Pott's disease, with angular curvature. In respect to the first case Dr. Finnell presented, Dr. Sands related a cure in which $\frac{3}{4}$ gr. morphia, in conjunction with 1-60 gr. of atropia, injected hypodermically, gave rise to symptoms of poisoning by opium. During the progress of the case the pupils were dilated, though all the other symptoms pointed to poisoning by the morphia.

DR. LEE presented a case of

Fibro-Cystic Tumor of the Uterus

from a patient in his service at St. Vincent's Hospital. The diagnosis of Dr. LEE confirmed by the gentlemen of the consultation, was that it was ovarian. This, however, proved to be not the case.

Dr. GEORGE T. ELLIOTT presented a

Colloid Tumor of the Ovary.

Patient was 36; had one child and an abortion at three months; at 13 began to menstruate; at 15 complained of bearing down pains; at 28 was married. Three years ago complained of pains in the abdomen and left groin. On one occasion became greatly swollen during one night. Menstruated regularly. In 1867-68 pain entirely ceased. August, 1868, stream of water gushed from the vulva; tumor now felt in left groin. April, 1869. Severe pain and hard lump found in right groin. On admission to the uterine department of Bellevue Hospital her general condition was good. Nov. 18th. Physical examination reveals the uterine cavity to be four inches in length. The measurements of the abdomen are 10 inches from the ensiform cartilage to the symphisis pubis; 12 inches to the right anterior spine of the sacrum; 11 to the left, 42 inches in diameter parallel to the umbilicus, and 34 at the ensiform cartilage. Patient had rectocele, and the vaginal wall was prolapsed, showing a tumor, size of goose egg. Nov. 19th. By the advice of the consulting gentlemen, patient was tapped in the median line. No fluid, however, escaped, but by means of a syringe a small portion was withdrawn.

Nov. 20th, 7, A. M.—Patient began to vomit; 10, A. M., complained of pain in the epigastric region.

2.30, P. M.—Respiration 44, jerky thoracic.

5, P. M.—Sinking rapidly. 8, P. M., patient died.

P. M. Twenty-four hours after death. Marked decomposition had set in to such an extent that she would not have been recognized; viscera greatly decomposed; rectocele tapped and one quart of fluid escaped containing lumpy masses. Dr. SOUTHACK, pathologist to Bellevue Hospital, reported it as consisting of colloid cancer of the ovaries and of the peritoneum. In the transverse fissure of liver was another nodule of the same composition.

Dr. LOOMIS presented a specimen from a case, æt. 61, Scotchman, usually costive, and in the habit of taking carthartic pills occasionally. At 5 P. M., after taking dinner, he walked from Vesey street to Twenty-second street ($2\frac{1}{2}$ miles.) Before reaching home, complained of pains in the abdomen, and on reaching his house he vomited. After getting as far as the second floor his bowels moved; this was at 6 P. M. At 11 P. M. Dr. L. was called; found patient sitting up; pulse 80; temp. normal; facies indicative of pain; pain over abdomen not increased or relieved by pressure; no contraction of abdominal muscles; 10 drops of sol. Magend. given by mouth; in two hours to be repeated; at 6 A. M., no collapse; had not vomited since he was seen; respiration hurried; one hour after, he died.

Autopsy 48 *hours after*—(body kept on ice)—heart enlarged; left side contained fluid blood; aortic valves calcified; insufficient peritoneal vessels—visceral and parietal—impacted flakes of lymph at sigmoid flexure and at lower part of colon; viscera normal. On the sigmoid flexure and descending colon are observed diverticula standing out about $\frac{3}{4}$ inch and looking like warts viewed from the peritoneal surface. They were very thin, and were covered by a mucous and peritoneal covering; had no perforations in them; were tested by water. Dr. S. said this was the only recorded case that he was aware of.

Editorial Department.

Periscope.

Feeble Children.

Dr. Day, in the *Lancet*, gives this case and remarks:

In April, 1869, a lady brought to me her little girl, four years of age, who was a very intelligent and pleasing child. I was left to find out her ailment as well as I could, her mother saying "She really did not know what was the matter with her, but she was certain she was not well." When a year old the child suffered from palpitation, and two years since she had whooping cough. She appeared quite well till seven or eight weeks ago, since which time she had been ailing in health. She was said to be "so very languid, and constantly yawning, and wishing to go to bed early in the day," and not caring for her meals. Her face flushed on being asked a question, and when a stethoscope was applied to her chest, she burst into a fit of tears, which her mother said was not natural to her. The tongue was faintly furred at the back, and the urine was rather high colored; the lower eyelids were dark, and the expression languid, but no complaint whatever was made of pain; the bowels were said to be rather confined. I advised that the child should be tempted to take nourishment frequently, milk and eggs being given in the way that were most agreeable to her. She was not to suffer fatigue from running about, but to be driven in an open carriage when the weather was fine, or to be wheeled about the garden. Aperient medicine was strictly forbidden. Thirty minims of the syrup of compound phosphate of iron in two teaspoonsful of water were ordered three times a day. Improvement soon set in, and on the 12th of May she had nearly recovered her usual activity, the appetite had returned, the tongue was quite clean, and the bowels acted regularly every day.

A careful physical examination in these cases reveals nothing important about the chest or abdomen. The two most common attendant symptoms are headache and pain at the epigastrium, both being signs of debility in the brain and stomach respectively. So far as we can learn, the headache seems to be a heavy oppressive weight across the centre of the forehead, and it is very persistent, giving the child a dull and painful appearance. In many of these cases the aspect is desponding and inanimate, and the cheerful expression of childhood has vanished; the eyes are heavy and have a hollow look, but there is nothing approaching intolerance of light, nor squinting, as we observe in threatening cerebral disease, though it is not to be forgotten that the brain may be involved if these symptoms are allowed to go on without treatment. The pain in the stomach is of the same dull aching character, rather discomfort than actual pain, and is limited to the root of the ensiform cartilage, or its immediate vicinity. It is the uneasiness of slight gastralgia, or the gnawing sensation we have all experienced when the stomach is empty, and we are waiting for a meal to appease it.

There may be aching of the limbs, muscular fatigue, and pain in the course of the spine.

There are no very striking symptoms which indicate this derangement in the health. It is to the totality of them we must look for a diagnosis. There is nothing, so to speak, that is apparent or tangible to any but the closest observer, and hence it is that a depraved state of health creeps on unnoticed, and is not discovered until some very prominent symptom arrests attention. The flame is kindled before the spark is seen, and time is lost in extinguishing it.

Such cases as these make us cautious in giving an opinion. In the absence of any discoverable disease, we are doubtful whether this unaccountable debility may not be the harbinger of ultimate mischief. Disease may be hidden, to come forth by-and-by. In the disease of adult life, a cause is often discovered. Not so in the cases I am describing; the debility is uncomplicated, and it must be seen and treated before it has merged into actual disease.

These cases usually terminate well if promptly and skilfully treated; but a continuance of this condition may lead to protracted disease, and subsequently to death. For example, deficient nervous power, as shown by headache, may lead to cerebral exhaustion, and to coma and convulsions, in the same way that congestion and inflammation of the brain may terminate. Opposite states of the system, leading to the same consequences, but requiring a different mode of management.

The weak and enfeebled stomach of young children, causing instant rejection of food by vomiting, is often checked by a simple tonic medicine, and sympathy is so strong with the cerebral functions that, when the stomach has recovered its power, the brain is lulled into quietude. If it did not so yield to treatment, the symptoms would pass on and implicate the brain in the manner just described. To equalize all the forces of the body is the surest method of maintaining its efficient working. It is the loss in either that invites disease.

Those cases of pure and simple debility, when neglected, cause chorea, epilepsy, convulsions, par-

alysis, &c., and finally lead to those changes in the blood which originate anæmia, tuberculosis, and every form of diathesis that lowers health and provokes disease.

On Maternal Impressions.

Dr. J. WARRING-CURRAN writes to the *Med. Press and Circular* on this topic:

The result of my own observation is, that in no case does the sudden fright affect the fœtus, that the so-called *lusus naturæ* is the consequence of progressive mental reflection and fear on the part of the mother; she mopes and broods over the shock she has sustained, or the fright she has received, and that, this continued, and in most cases unceasing reflection, eventually affects the embryo or fœtus. A case to the point is this,—a woman told me she was struck in the face with a dead rabbit at the third month of her pregnancy; she quickly wiped with her apron the part of her face struck, and then rubbed her side with the same part of the apron. She felt that the child should be "marked," but was thoroughly impressed with the notion that her presence of mind saved the face, and that the side would be the part affected. Upon the birth of the child a large nævus occupied the left side. We all know that in health, if we deliberately concentrate our attention or fix our ideas on any one organ, or part of our system, that the circulation of that organ or part will become preternaturally increased and abnormally affected. It is an undisputed fact that the most distinguished members of the medical profession—names which will be revered as long as the science of medicine exists—fell martyrs to those diseases upon which they had devoted most of their time, upon which they are still noted authorities; consequently, upon which they must have reflected, studied, and deliberated upon most. Can the force of reflection, the concentration of nervous influence, effect a morbid lesion upon the part or organ studied, or are the too numerous instances recorded mere coincidences or accidental occurrences? Be this as it may, these cases go far to support my theory: in all of them the fœtus was formed, in all of them it was not mere fright or shock and then forgetfulness; but in all of them the parent moped and brooded, and feared that her offspring should be deformed.

Milk and Foot-and-Mouth Disease.

The prevalence of foot-and-mouth disease among our dairy cows, says the *Times and Gazette* (London), has caused the question to be revived as to the wholesomeness of the milk produced by the animals attacked. It is scarcely likely, from what we know of dairymen in general, that any consideration of public health would deter them from mixing the milk of diseased cows—such, at least, as it may be possible to get from them—with that of the healthy cows. They are not likely to follow the advice which it is said has been tendered them in Marylebone, and throw it away. In point of fact, we may assume, that at the present time an experiment on a large scale is now in progress as to the wholesomeness of such milk. We have not heard as yet, of any outbreak of disease among children in the metropolis which could be referred to the use of it, neither do we expect to hear of any such catastrophe. Foot and mouth disease is no new malady either here or elsewhere, and Continental experience, so far as it has gone, demonstrates this—that animals, such as swine, as well as the human species, who drink the milk warm from the cow, suffer in consequence from an allied disease affecting the mucous membrane of the buccal cavity, but no such disease is communicated when the milk is allowed to become cold. We should be glad to receive any observations confirmatory, or in contradiction of these experiences. So far as we know now, the milk of cows thus diseased is not unwholesome as distributed in London.

From information forwarded from Tunbridge Wells, we learn that the foot and mouth disease is extremely prevalent in that neighborhood, and that the children and others who use the milk undiluted from diseased animals become affected with an eczematous state of the lips, tongue and palate. We saw this ourselves during the last epidemic in London, in the case of the children of a family which kept a cow for their special supply.

Reviews and Book Notices.

BOOKS RECEIVED.

On Wasting Diseases. By EUSTACE SMITH, M. D., etc. *From* H. C. LEA, Philadelphia.

On Diseases of Children. By ALFRED VOGEL, M. D. *From* D. APPLETON & Co., New York.

Hand-Book of Diseases of the Eye. By A. SALOMONS, M. D. *From* JAMES CAMPBELL, Boston.

On Intra-Ocular Tumors. By H. KNAPP, M. D., etc. *From* W. WOOD & Co., New York.

A Manual of Hypodermic Medication. By R. BARTHOLOW, M. D. J. B. LIPPINCOTT & Co., Philadelphia.

American Medical Missionary in China.

The American Presbyterian Mission has a medical missionary department in Canton and vicinity. It has done a great deal of good the past year, treating 50,636 out-patients and 1,038 in-patients, and has performed 1,038 surgical operations, some of them of great importance. A medical class numbers 12 scholars.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 11, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

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which the reader will observe are not composed of *old and unsaleable books*, but of

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*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PORTRAIT OF DR. GROSS.

AS A NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the MEDICAL AND SURGICAL REPORTER for January 1st, 1870, *a Splendid, First-Class, Original* STEEL-ENGRAVED PORTRAIT of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

☞ *A few* ARTISTS' PROOFS *of the Portrait will be struck off on boards of a size suitable for framing. Price* $1.00 *each.*

OVER PRODUCTION.

With our unmeasured prairies and undeveloped resources this is a question which seems far off from us. It is otherwise in the crowded nationalities of Europe, with their limited areas. The truth of the doctrines of MALTHUS is there presented in its undisguised severity, and what is more they are practically received and acted on. A recent editorial in an English medical journal recognizes this. It says:

Malthus has more disciples than most people think for; many who almost shudder at his name, practise and recommend his doctrines. Those who hold that over-competition is wearying men's souls and wearing out their bodies: that superfluous population is the cause of want of work, and, therefore, indirectly the cause why young men take to dishonesty, and young women to prostitution, are all in Malthus' camp. The poor woman who suckles her child a year longer than the proper time, in the hope of delaying her next pregnancy, is a practical Malthusian; and there is yet a larger class, and one which still less suspects its own leadership. The parent, who discourages his son's marriage because his business is not good enough; the poor-law guardian, who angrily asks his quiverful applicant, "Why did you marry?" the benevolent lady or clergyman, who looks regretfully on the teeming alley, and sighs over "the improvident marriages of the poor," are all Malthusians at heart. They one and all acknowledge that over-population is an evil—and more than that, in the prudence which they recommend, they admit the principle that it is right, or indeed a duty, to allow human thought to act as a check on human instinct, and to alter what would otherwise be the natural current of things. Of course! for what other earthly use was the faculty of thought given us, than that we should look beforehand and regulate our present conduct by its probable results? To deny this, is to deny the nature of prudence; to become natural in the sense of falling back on the ignorant instincts of the brute. Yet this is precisely what Malthus asserted. He went into no detail as to the remedy; he simply stated what all must believe, that over-population is a great evil; that natural laws and natural instincts tend inevitably to produce it; and that it is for the nobler faculties of man, his conscience, his benevolence, and his intellect, to find the best means of help.

There are words here which we can all take home. This question of over production, viewed as one of medico-civil life, has an immediate application in America. True that there is room enough for millions more in our vast territories, but there is also a sensitive fear on the part of parents of having children for whom they cannot provide, and there is a delicate organization among American women, peculiar to them perhaps, which leads them to dread the sufferings of childbirth and the pangs of maternity more than other women.

The alarming prevalence of uterine disease in this country may probably be regarded as one of the proofs of this delicacy, and one of

the excuses for the desire to limit child-bearing. The question whether this can be done with safety and without having recourse to means, either criminal and injurious, is one which has attracted a great deal of attention of late in some scientific circles in England.

A society, called the Dialecticians, has received a great deal of uncalled-for criticism by opening the subject, and a number of letters from physicians and others have appeared in the *Medical Press and Circular*.

We have been watching the discussion with interest, but so far it has failed to result in much of importance to readers this side of the water. There are some eminent men, Dr. DRYSDALE, of London, Mr. J. STUART MILL, Dr. HENRY MAC CORMAC, of Dublin, and others, who have come out with decided words in favor of restraining over-production. The question seems to have strong supporters on both sides.

In this country, though of very general interest, it seems to have been little discussed. The only work we have seen in which it is treated of at all, is that by Dr. NAPHEYS, of this city, reviewed some weeks since in the REPORTER, "*The Physical Life of Woman.*" He discusses quite thoroughly, and from careful reading, the subject of "the limitation of offspring" and decides in favor of such limitation, and speaks of various methods by which it is accomplished. We also notice that one of our American medical exchanges has occasionally referred to the topic. But it chiefly remains an untouched subject.

MIXED CLASSES AT CLINICS.

In some recent remarks on this subject, we animadverted on what was stated to us as a fact, viz., the presence of thirty female students at a clinic when an operation was performed for perineal section in the male. From a statement before us, from ANN PRESTON, M. D., we are inclined to think that the number may have been exaggerated. It is certain, that there were not so many from the Woman's Medical College, as, at no time, have so many attended the clinics in the Philadelphia Hospital, from that school. If there were anything like that number present on the occasion referred to, they must have been persons who were not attending at that school—and some of them may not have been students at all.

We learn with pleasure that the Faculty of the Woman's College are determined that their students shall not overstep the bounds of propriety in attending clinics. They inform us that they supposed, when they took their students to the clinic at the Pennsylvania Hospital that the Managers had conferred with the Medical Staff, and that it was arranged that only such cases would be presented, as in their estimation could be properly presented before a mixed class of young men and women. The first error seems to have been in supposing that the Managers had any sense of propriety in the matter, or any regard for the feelings and opinions of the Medical Staff—and the second consisted in the mistaken notion that proper clinical instruction can be given to mixed classes at all. No—it cannot be done, and do justice to the male students. The clinics were already limited by the exclusion of females whose diseases required an exposure of the person which would not be proper before a class of male students, and it was asking a little too much of human nature to either expose male patients before a female audience—nay, a *mixed* audience of males and females—or else deprive the class of the benefits of a clinic which should present cases as they come into the hospital, and as they will come under the notice of the physician in active practice. It is the height of folly to suppose that clinical instruction can be so adapted to "ears polite" that young men and maidens may gather around the lecturer and hear nothing that is improper for such an audience, and yet do full justice to clinical teaching. Cases must be presented as they come—now a case of fractured arm, and now one of operation for stone in the bladder, etc.

The responsibility both of the indiscretion into which the male students were betrayed, and of the false position in which the female students were placed when they came to a clinic which was intended for, and adapted to, male students alone, comes back on the Board of Managers who had the discourtesy to institute radical changes without consulting the Medical Board.

We hear that the views of the Medical Staff, as well as of the profession generally, and many of our substantial citizens, have been laid before the Board of Managers, and that it has led to earnest discussions in that body which betoken some much needed changes in their organization. We trust that these matters will be put in proper shape soon.

THE MEDICAL PROFESSION AND THE MANAGEMENT OF HOSPITALS.

The following resolutions passed by one of the most ancient and learned medical societies in this country, will, we are sure, commend themselves to the judgment of every right thinking man. They convey a dignified and very proper rebuke to the conduct of the managers of several hospitals in this city and elsewhere, which has been the cause of the exhibition of so much unpleasant feeling.

At a stated meeting of the College of Physicians of Philadelphia, held Wednesday evening, Dec. 1st, 1869, the following resolutions were unanimously adopted:

"*Resolved*, That as hospitals depend in great measure for their efficiency and good repute upon the character and skill of their medical officers, and as these officers habitually perform their laborious and often dangerous duties without compensation, and with great devotion and zeal,—it would seem that justice, as well as courtesy, required that in all things pertaining to the medical discipline of such institutions, the medical staff should not only be consulted, but that no measure materially affecting the patients should be adopted without their concurrence.

"*Resolved*, That in our judgment such consultation and concurrence are equally desirable whenever it is proposed, by the governing board of a hospital to change the system, established by long usage and general consent, of giving clinic instructions; and that students of medicine authorized to attend the clinics, as well as the medical staff, have good reason to feel aggrieved by regulations which are innovations upon established custom, which affect their interests seriously, and which have been enacted without their knowledge, concurrence and consent."

JOHN H. PACKARD, *Secretary.*

Notes and Comments.

Deaths from the Use of Poison.

In the New York papers of the 3rd and 4th inst., are recorded the deaths of three persons from the use of poisonous or dangerous drugs without the advice of a physician. A woman in the habit of using chloroform for the relief of neuralgia died from an overdose; another committed suicide by means of poison purchased at a drug store; and a man who had taken morphia for a long time for some real or fancied nervous affection, lost his life from an overdose.

Curious Facts in Acoustics.

The firing of the guns at the late meeting of the Highland Rifle Association at Inverness, was heard distinctly, says a Scottish journal, as far as Cairnorm Hills, and in the forest of Abernethy, a distance of fifty miles. The wind was favorable for carrying sound in that direction, and there is a steady rise in the ground nearly all the way.

The Mixed Clinic Question in New York.

The medical students in New York have remained extremely quiescent on the question of mixed clinics. It is true that some of the students of the Bellevue Hospital Medical College endeavored to pass a resolution congratulating their Philadelphia brethren on the stand they had taken, but the matter was dropped from apathy on the part of the class. The students at the College of Physicians and Surgeons, and at the Medical Department of the University of New York, have taken cognizance of the matter in no way whatever. It is but fair to state that so far the presence of the female students has been confined only to two or three weekly clinics at Bellevue Hospital, and has in no way interfered with medical instruction.

Supervisors vs. Doctors.

The Supervisors of Lewis county, West Virginia, having ordained that no claim of a physician should be paid for attendance on paupers, except on order of the Overseer of the Poor, nor unless properly sworn to, nor at a higher rate than 50 cts. per mile, *including medicines!*—(just think of *that* reader, in the mountains of West Virginia!)—the physicians "talk back" in this edifying style, which we commend to others on similar provocation.

Resolved, That we do not concede the right of any man or body of men (except our Medical Societies) to regulate or control the fees of our profession any more than would those of the lawyer or merchant; and be it further

Resolved, That, as the Medical Societies, both of the County and State, following the precedents established by all professions, have established a rate of fees which we do not deem too high or exorbitant, we, as members of the medical profession, would deem it dishonorable to give our services to the public and county at a less rate of compensation than that which we charge our own citizens and friends; and be it further

Resolved, That we will not render any medical aid whatever to persons supported by the county at a less rate than that charged to others; and we desire it to be understood that in receiving an order from the overseer as "ordained," to visit any pauper, that we do so with the understanding that we are to have our usual fees, and to *receive pay for all medicines furnished*; and be it further

Resolved, That we have noticed with regret the continued and persistent efforts of a part of the supervisors of this county to place such restrictions upon the members of our profession that they could not, without a loss of professional dignity and character, extend to the paupers of our county that aid which they otherwise would have so cheerfully rendered.

[Signed,]

DR. J. ROACH, DR. E. CHRISTIAN,
DR. T. CAMDEN, DR. S. W. HALL,
DR. T. B. EDMISTON, DR. P. C. MUSSER,
DR. WM. J. BLAND, DR. B. GODON,
DR. N. B. BLAND, DR. J. MCWHORTER.

Test for Albumen.

Dr. Mehu mixes in one part, by weight of crystallized carbolic acid or phenol, one part of commercial acetic acid, and two parts of 90 per cent. alcohol. In a case of albuminuria, to detect albumen, add to 100 grammes 2 centigrammes of commercial nitric acid, and after thorough mixing add 10 of the carbolic acid solution. The reaction produced is said to be very superior to that in which nitric acid alone is used.

The Medical Classes of 1869-70.

The medical classes of this city are about the same as last year, some increase, we believe, in the Jefferson school. In general, throughout the country, there is a diminished attendance. In Cincinnati the falling off from last year's numbers is 15 per cent. or more. We hear that in *all* the schools of St. Louis there are but about one hundred students.

Dispensary for Diseases of the Throat and Lungs in New York.

The New York Legislature at its last session chartered a Dispensary for Diseases of Throat and Lungs.

We understand that the State Department has just issued the charter. Among the trustees are Drs. James R. Wood, Crane, T. G. Thomas and W. A. Hammond. Dr. A. Ruppaner is the physician. The dispensary will be opened for the reception of patients about the middle of December.

Correspondence.

DOMESTIC.

Brief Notes.

[Elicited by reading Dr. Thomas Hay's paper on the use of the "Long Tube," in obstructed bowels.]

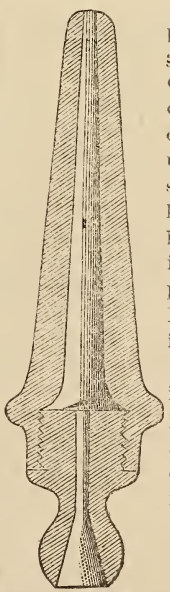
EDS. MED. AND SURG. REPORTER:

Dr. HAY, with the tact, the caution, the appliances which he possesses, may not find much difficulty in passing the *long tube* two feet into the intestines. But others have experienced greater difficulty, and have utterly failed to accomplish it. It is important that these should possess some other successful mode of treating the case.

Believing that much mischief may have resulted from the administration of drastic purgatives, in obstinate obstructions of the bowels, which they were insufficient to remove, I was glad to hear Dr. HAY disclaim such treatment, and place his chief *dependence* upon the *mechanical inflation of the bowels from below*. But, I fear that he has, unconsciously, *underrated* the difficulties generally experienced in the introduction of the *long tube*, and may, in the same manner, have *overrated* those which accompany the use of the *short one*. I have had some experience in the use of the latter, and my estimate is different from his.

When quite a young student, I witnessed the treatment of a case of obstruction, in the old way, for three days, with purgatives and ordinary injections, without any relief. In the absence of the attending physician, I injected three pints of a strong solution of assafœtida in warm water. A few minutes after he was placed on the close-stool, when he had a free evacuation, which afforded him permanent relief.

In 1820 I was called to see an elderly woman, L. H., who had been under family treatment for two or three days, for obstructed bowel. Observing the nature of the case, and that it was likely to prove intractible, I returned home and constructed a rude *anal tube*, with a valve in the interior, and so large as to fill the rectal orifice with an external flange, to support the sphincter ani muscle. Thus armed, I returned to my patient, and, with great ease, injected two quarts of warm milk and water, which she was enabled to retain for some minutes, by the support which the instrument afforded to the sphincter. When placed on the *close-stool* she had a very copious, and sufficient evacuation, without repeating the enema.



In the same year, (1820,) I applied to John Rohrer, then a surgeon's instrument maker, Philadelphia, and had an instrument, of the same kind, made to order, of ivory. The accompanying figure was drawn at that time, and shows a longitudinal section of half the size. The experience of half a century suggests no other improvement, than that the outer part should be made a little longer. It may be made of box-wood, ivory, or still better, of hard gum.

This instrument has now been in use almost fifty years; not only in my own, but in the practice of a number of neighboring physicians, who have repeatedly borrowed it as occasion offered. Some of whom have had similar ones made.

We, who have thus tested its use, can certify that with any ordinary injecting apparatus, we have experienced very little difficulty in inflating the colon. And what is to us of infinitely greater value, except in a single case, it has never failed to afford speedy relief. A *post mortem* proved the exception to be produced by *external strangulation* of the bowel by its having been forced beneath a strong band of organized lymph.

The *anal valve pipe* has now been successfully em-

ployed in from twenty to thirty well marked cases of obstruction, with the single failure just mentioned. Can the advocates for the *long tube* claim more than this?

In many of the cases, a single inflation was sufficient, while in others it required to be several times repeated.

The material used has been various—milk, salt, soft soap, assafœtida, have each been added to the water. But it may be doubted whether irritants will not do more harm than good. They do not add to the inflation.

The quantity has varied from two to four and six quarts. In one very severe case, full seven quarts were injected at once, with immediate relief. The capacity of colons must vary, and perhaps the same one will vary under different circumstances. But so far as I have been able to judge, the relief afforded has been in direct ratio *to the distension*, or perhaps I should say, *to the distending force.*

E. MICHENER, M. D.

Toughkenamon, Chester county, Pa.,
12th of 11th mo., 1869.

Hydrophobia—Case of Georgiana McCready.

EDS. MED. & SURG. REPORTER:

As the false report of the case of Georgiana McCready, who died in this city last September, of hydrophobia, is attracting so much attention, I will here give the details of the case in full.

The patient, a young girl aged twelve years, was bitten the 12th of July last, about noon, by a small dog, said to be rabid. I was called to attend her soon after the occurrence, and found two severe wounds and several scratches, just in rear of the external and internal malleoli, and above the os calcis of the left foot. There not being sufficient soft parts to "cut out the bite," the tendo achillis being badly injured, and amputation being objected to by the parents, my only resort was cauterization, which I did with a stick of argent nitras most thoroughly, and bandaged the limb just above very tightly, to prevent, as much as possible, the return of the venous blood until forty-five American leeches were applied about the wounds. Then I poured in the wounds a strong solution of acid carbolic, and ordered flaxseed poultices (made as directed by Dr. GROSS) to be applied every hour, for twelve hours in succession; then every two hours, for two days; then four times a day, for three weeks; giving internally liq. potass. arsenitis, gtt.vj. ter die. At the end of this time the wounds healed kindly with glycerine and cream. There being no premonitions of hydrophobia yet, considering the large amount of surface exposed to the infection or absorption of the poison, I concluded that the animal was not really rabid, or if so, that the treatment must have been effectual. The child began school duties again, apparently as well as ever, on the beginning of the tenth week from the date of the occurrence. On Sunday afternoon of the eleventh week, I was called to see her. She complained of pain in the dorsal, cervical and occipital regions; bowels soluble; stomach irritable. I ordered

℞. Hyd. chlor. mit., gr. ½.
Pulv. ipecac. et. opii,
Bismuth subnit., aa. gr. v. M.

One to be taken every three hours until four were taken. Found her better next morning; in the afternoon still comfortable; ordered a dose of castor oil. I was called early next morning (Tuesday) for the same troubles, very much aggravated, with a wild, staring gaze of the eyes; eye-lids widely stretched and pupils dilated as if by atropia, and a sensation "as if something was crawling in her lame foot," which she said she had felt more or less since Sunday afternoon. Up to this time she could be induced to drink water, though there had been some repugnance to it since Monday morning. Now, there was a positive refusal, and a very visible shudder at the mere mention of it, a frightful expression of countenance, and a shrinking back in bed when it was carried near her so that she could see it. There was also some frothing at the mouth. Nourishment of any kind was refused since Monday at breakfast. The respirations and pulse had been on the increase since Sunday afternoon, until now the respirations began to be irregular, with occasional long breaths, and the pulse full, hard and frequent with spasmodic flutterings. I ordered her to take sulph. morphiæ gr. 1-6 every hour. Watching the effect very carefully, I noticed but a very slight contraction of the pupils even after the fifth dose. The respirations were more regular, circulation reduced in volume and frequency, and the pain easier but not entirely dissipated. Her senses were perfect, recognizing all about her, and begging her friends not to be concerned on her account.

Knowing the case to be one of hydrophobia, I determined to inject morphiæ sulp., hypodermically, enough to relieve her as much as possible of pain and other suffering, and carry the anodyne effect as far as practicable, having the pupils and subsidence of pain as my guide. Accordingly, as the effects of morphia she had taken by the mouth began to be exhausted, I injected one-sixth of a grain of sulp. morph. under the skin of the left arm, over the insertion of the deltoid, which, after fifteen minutes, produced a very little contraction of the pupils and quieted her to some extent. The case being one of rare occurence, and my first of the kind, by consent of the parents I called in consultation Dr. F. F. BURMEISTER, at nine o'clock, P. M., (Tuesday,) who confirmed the diagnosis and recommended the continuation of morphia, hypodermically used, in quan-

tities sufficient to relieve pain. Accordingly one-eighth of a grain was given every three hours, carefully noting the effects. Beef tea was ordered, which the patient resisted taking. Finding it caused her a good deal of anxiety and pain, we ordered chicken broth injections, per rectum, which seemed to calm her very much. By appointment, and consent again of parents, I met Dr. BURMEISTER, together with Drs. THOS. SHRINER and HOUSTON, at nine o'clock, A. M., Wednesday, in consultation. The diagnosis was confirmed, and treatment continued with the addition of bromide of potassium, in fifteen grain doses, every hour, which the patient could not be induced to take though she was perfectly sensible. About eleven o'clock her symptoms began to improve and her whole appearance decidedly changed, and we began to hope for her life. She took water less reluctantly and ate ravenously. This continued until three o'clock, P. M., when her breathing suddenly became irregular and labored, the pulse quick and fluttering, and the pupils dilated to their fullest extent, but her mind was perfectly clear, taking notice of, and interest in, everything done in the room, and continued so until she died, about thirty minutes past eight o'clock, P. M., Wednesday.

J. SHULAR RANDLE, M. D.

Philadelphia, Nov., 1869.

NEWS AND MISCELLANY.

Artificial Respiration.

The *Revista Cimica* publishes a description of a new method for producing artificial respiration. The method has much analogy with that recently described before the Academy of Medicine of Paris under the name of "*Succussion.*"

It is practiced in the following manner:—Take the child under the axillæ, and holding the head fixed by the palms of the hands, impress upon the body repeated shakes. The entry and exit of air through the glottis are indicated by a peculiar sound. The priority of discovery of this method is due to Paccini. It is based on the amplification of the thoracic cavity, produced by the elevation of the shoulders, which, by means of the clavicles, acts upon the sternum, and it acts upon the ribs.

Care must be taken that the head is neither much extended nor flexed. The following is the manner of proceeding:

The patient, being extended on a bed or table, the doctor takes his place at the head, and fixes it against the breast, then he pulls strongly with his hands on the arms of the patient, applying the four last fingers in the axillary cavity, and placing the thumb on the neck of the humerus. This being done, he gives the shoulders a forcible movement upwards and forwards.

It is necessary to make counter-extension by fixing the feet by some means or other.

Infant Mortality in France.

The Imperial Academy of Medicine of Paris listened recently with much satisfaction, and with symptoms of unequivocal approval, to a very remarkable discourse of M. Fauvel on the question of Infant Mortality. What, he asks, are the causes of the fearful death rate amongst nurselings? The principal ones may be divided into three heads:—Want of supervision, want of care, insufficient or unhealthy food. Of these causes, the last is undoubtedly the most hurtful; but the question is, how can it be remedied by regulations? Are there not general causes which will escape every supervision and every regulation? The deductions drawn by M. Fauvel show the social condition of most nurses, their poverty and their discomfort, which forbid them to afford their unfortunate nurselings anything but an inadequate quantity of food. Female lactation is utterly deficient in France; this is the fact enunciated by M. Fauvel, and it is deficient because maternal nursing having become exceptional, hired nursing no longer supplies the demand. There is no longer any choice of nurses, and it becomes necessary to employ those who are available, whatever they may be.

Large Families.

A writer in the *Medical Press and Circular* says: Is it not preposterous to find that a large family is made by one man a reason for his claiming our charity, and by another an excuse for his commission of a crime! and yet both these baits are, over and over again, swallowed by a gullible public.

It is not uncommon to see advertisements to the following effect:—"*A case for the benevolent! An educated man, with a large young family, in great distress, appeals,* &c., &c." All I can say is, that this gentleman's education has been of very little use to him, if it has not taught him, with other things, the wisdom, not to say the duty, of keeping his body in subjection to his reason. Large families are especially blameable in a clergyman. He who studies the Scripture, and whose life should be an example to his flock, should surely know how to be "moderate in all things," more particularly with regard to the most important functions of his being.

——A congress of naturalists and doctors was held at Fiume, in Hungary, on the 5th September. The assembly was presided over by Baron Vecsey, who inaugurated it with a very remarkable discourse. Amongst the most interesting communications which were read were those of Dr. Bodogh on the Darwinian hypothesis, the same author on the influence of natural causes on nations, and by Dr. Domini on different climatological, meteorological, and sanitary questions in connection with the marine service.

OBITUARY.

J. SAPPINGTON, M. D.

Died on November 18, 1869, at Darlington, Md., Dr. John Sappington, in the sixty-eighth year of his age.

Dr. Sappington graduated at the University of Pennsylvania in 1825, and since that date has practised his profession at the place of his death, with great success, and with the result of having attached to himself a large number of friends who sincerely deplore his loss.

W. S. F.

QUERIES AND REPLIES.

Dr. C. H. T., Philadelphia.—Kuchenmeister advises, in the strongest terms, for ascaris lumbricoides, santonate of soda, in doses of gr. ij-iv, every morning and evening for several days, for children.

All other anthelmintics for round worms are as naught, he considers, compared with this.

When he prescribes santonin itself he orders the following:

℞. Santonin, gr. ij-iv.
Olei ricini, f.℥ j.

A teaspoonful (for a child) every hour till it acts.

Dr. C. H. H., Ky.—We would recommend the Boston *Journal of Chemistry*—50 cents a year. The *Journal of Applied Chemistry*, published in New York, is also a good journal of the kind. The price is $1.50 a year. We will subscribe to either for you.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

ASHHURST—LACEY.—In this city, on the 1st of December, at the Church of the Epiphany, by the Rev. Dr. Newton, Francis Ashhurst, M. D., and Sarah D., daughter of the late William N. Lacey.

BEACH—ANDREWS.—At Westport, Conn., Nov. 30, by the Rev. J. Eaton Smith, assisted by Rev. Dr. Short, Dr. Wooster Beach of New York and Caroline B. Andrews of Westport.

CALHOUN—WESTERFIELD.—By Rev. Silas Johnson, Nov. 9th, Mr. S. S. Calhoun, of Indianola, Iowa, and Miss Gertie Westerfield, daughter of Dr. C. Westerfield, of Green Bush, Warren county, Iowa.

CARLISLE—RANKIN.—October 21st, at the Mount Prospect parsonage, by Rev. R. T. Price, A. S. Carlisle, M. D., of Candor, Pa., and Miss Jennie E. Rankin, of Mount Pleasant township, Washington county, Pa. (See record of deaths.)

DAVIS—HARRIS.—On the 23d ult., at the residence of the bride's parents, by the Rev. John Pegg, Sr., Dr. Chas. H. S. Davis and Miss Carrie E. Harris, both of Meriden, Conn.

FARR—MINOR.—November 18th by the Rev. T. S. Guthrie, Mr. Wm. Henry Farr, and Miss Mary E. Minor, eldest daughter of Dr. W. H. H. B. and Caroline Minor, all of Eaton, Ohio.

HENRY—NANCREDE.—In this city, November 23d, at St. Andrew's Church, by the Right Rev. William Bacon Stevens, D. D., Protestant Episcopal Bishop of Pennsylvania, Frederick H. Henry, M. D., and Josephine P., youngest daughter of Thomas D. Nancrede.

HILL—DAVIS.—November 25th, at the residence of the bride, at Willistown, Pa., by Rev. J. Philips, A. L. Hill, M. D., of Philadelphia, and Anna M. Davis.

MCCAFFERTY—WHITE—November 16th, at the residence of the bride, by Rev. S. Steel Dr. Robert H. McCafferty, and Mrs. Lillie B. White, all of Hillsboro, Ohio.

MAHON—SMITH.—November 18th, at St. Luke's Church, Germantown, Pa., by the Rev. John Rodney, J. Alexander Mahon, M. D., of Camden, N. J., and Mary Bringhurst, daughter of the late C. Augusta Smith, of Cincinnati.

METZGAR—LLOYD.—Oct. 28th, in the New Salem Presbyterian church, by Rev. D. Harbison, assisted by Rev. J. S. Hawk and Rev. P. S. Jennings, Dr. L. R. Metzgar, of East Liberty, and Miss Jennie M., daughter of David Lloyd, Esq., of Salem, Westmoreland county, Pa.

MIRICK—WALKER.—In Belchertown, Mass., Dec. 2, at the residence of the bride's uncle, Mr. Oromel Walker, by the Rev. Mr. Woodsworth, Dr. H. G. Mirick, of Brooklyn, N. Y., and Miss E. Virginia, daughter of the late Mr. F. C. Walker, of the former place.

PIERSON—TRAGO.—By Rev. A. Swaney, Nov. 9th, at Carrollton, Ohio, Mr. Dallas C. Pierson, of Upper Sandusky, and Miss M. Laura Trago, only daughter of Dr. V. Trago.

SARVIS—DASHER, (*nee* BROOKS.)—In the city of Columbus, Ga., Sept. 14, at the residence of the bride's father, Mr. F. M. Brooks, by the Rev. Meall, Dr. H. V. Sarvis, of Patterson, Pierce county, Ga., and Mrs. Mollie M. Dasher, of Columbus, Ga.

STONE—LONG.—November 24th, at the residence of the bride's father, by the Rev. G. W. Terry, of Gosport, Ind., R. French Stone, M. D., of Bainbridge, and Tillie C., daughter of Dr. Wm. Long, of New Maysville, Indiana.

STONE—MORSE.—In Newton, Mass., Nov. 16th, Dr. Richard H. Stone, of Brooklyn, N. Y., and Miss Carrie Morse of New on, Mass.

DIED.

ADAMS.—Surgeon Newton H. Adams, of the United States Navy, died in Washington on November 18th, aged thirty-four years.

BENHAM.—In Pittsburg, Pa., November 17th, Bobert Rand, only son of Dr. S. N. and Nellie Rand Benham, aged one year.

CARLISLE.—November 1st, after a few hours' illness of congestion of the brain, at the residence of his father, in Smith township, Washington county, Pa., A. S. Carlisle, M. D., of Candor, Pa. (See record of *marriages, above.*)

DARLING.—Dr. Darling, an old an experienced physician, died recently in Brookville, Jefferson county, Pa., in the 83d year of his age.

KIERNAN.—Suddenly, November 27th, 1869, of congestion of the lungs, Gen. James L. Kiernan, M. D., late U. S. Consul at Chin-Kiang, China, aged 32 years and 1 month.

LANK.—October 16th, at the residence of her father, Wm. B. Lank, M. D., Washington county, Pa., Miss Elizabeth Antoinette Estelle Lank, in the 31st year of her age, of Laryngitis, complicated with tubercular disease of the lungs.

PHELPS.—In Windsor, Vt., on the 22d ult., George B. Phelps, youngest son of Dr. E. E. Phelps; from the result of wounds received at the battle of Antietam.

PROUDFIT.—In New York, November 30, Julia M., widow of the late Dr. James O. Proudfit.

SHAW.—In Bethel, Vt., November 17th, Cynthia L. Shaw, wife of John M. Shaw, of Bethel, and daughter of Dr. John Porter, of Schroon, N. Y., aged 59.

METEOROLOGY.

NOV.	22,	23,	24,	25,	26,	27,	28.
Wind.....	S. W.	S. W.	N. W.	N. W.	S. W.	S. E.	N.W.
Weather.	Cl'dy	Cl'dy Rain	Cl'dy Rain.	Clear	Clear	Cl'dy Rain.	Clear
Depth Rain			8-10			3-10	
Thermom....							
Minimum..	25°	21°	32°	18°	21°	39°	21°
At 8, A. M.	32	42	42	30	30	42	38
At 12, M...	42	40	41	37	42	45	44
At 3, P. M.	43	45	40	36	41	44	44
Mean.....	35.50	37.	38.75	30.25	33.50	40.25	36.75
Barometer..							
At 12, M...	30.1	30.1	30.1	30.1	30.1	30.	30.1

Germantown, Pa. B. J. LEEDOM.

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Original Department.

Communications.

OBSERVATIONS ON THE EFFECTS OF ELECTRIC CURRENTS UPON THE LIVING TISSUES, AND UPON NUTRITION.

By MM. Legros et Onimus.

Translated by J. Solis Cohen, M. D., of Philadelphia.

*Traumatic Paralysis.**—Mademoiselle Barbe Seifert, aged nineteen years, had been operated upon by Prof. Thiersch for a tumor, which showed itself beneath the left ear. The facial nerve was divided in the extirpation, and there resulted a complete paralysis of all the muscles of the right side of the face. At he end of twenty days, the wound had completely healed, and the sensibility remained normal.

The induction current gave no indication of contraction for any of the muscles of the paralysed side, whether the interruptions were strong or feeble, rapid or slow. A current of ten elements of the apparatus of Stohrer produced contractions of all these muscles. The contractions were stronger in placing the negative pole upon the muscles and the positive at the nape of the neck, than when the inverse disposition was employed. The contractions of the paralyzed muscles were, however, less strong and more sluggish than those of the sound muscles.

At the end of three weeks, excitation of the branches of the facial nerve failed to produce contractions, whether under the influence of the induced current, or under the influence of the current of the pile. But direct electrization of the muscles produced well pronounced contractions with the current of the pile, but not with the induced current.

In other cases of facial paralysis, Meyer, of Berlin* has observed that when muscular contraction is still produced by induced currents, the continuous currents determine contractions more feeble than in cases where the induced currents are unable to produce any contraction. These cases, in general, are cured more promptly.

We have had occasion to observe two cases of facial paralysis, the one rheumatic and the other traumatic, where this difference of action between the induced current and the current of the pile was very remarkable.

Mr. G——, merchant, had left one of his bed-room windows open during the night (June, 1867). The next morning he awoke with the entire right half of the body completely paralyzed. The mouth was strongly drawn to the left side; any movement of the muscles of the right cheek was impossible; he could neither blow nor whistle; when he ate, he was obliged, at every moment, to push the food towards the right cheek with his fingers; he was unable to close his eyelids.

Sensibility was very well preserved. Electrized with a very feeble current of the pile (ten elements of Remak), all the muscles of the face on the paralyzed side contracted perfectly. The induction current on the other hand did not produce any contraction.

In proportion as the cure, which became complete, at the end of twenty sittings, progressed, it became necessary to employ a stronger current (twelve, fifteen, then twenty elements) to produce contractions of the muscles of the face. During all this time the induction currents, applied as strong as they could be supported, did not produce any contraction.

We had occasion to see this patient again more than a year after his recovery, and although during the first weeks of his facial

*Loc. cit., p. 81.

*Die Electricitat in ihrer anwendung auf praktische Medicin. (Lately translated into English by Prof. Hammond, New York.)

paralysis, a current of ten elements of Remak provoked contractions, we were only able to obtain very feeble contractions with twenty-five elements.

Mademoiselle H——, five years previously, had a tumor removed, which had been situated along the ramus of the lower jaw, below the right ear. Her features were perfectly regular before the operation; right after the operation she had a complete paralysis of the side on which the tumor had been located. We did not see the patient at this time, but she asserted that the mouth had been drawn to one side more than at the time we saw it, and that it had also been more difficult for her to eat and to speak. We saw her three years after the operation, that is to say after the traumatic paralysis of the right facial nerve, and we could detect all the phenomena which accompany facial paralysis. She had, for several months, followed a treatment by induction currents. Continuous currents were not more successful; except that during several hours after electrization the muscles of the paralyzed side remained less relaxed, and consequently the countenance seemed to resume its normal appearance. This effect was only temporary, and was most marked immediately after electrization.

Induction currents, as we had proved two years before, and still more recently, could not produce any appreciable contraction of the muscles of the paralyzed side. Continuous currents, on the contrary, always produced very marked contractions even with a feeble intensity. These same currents and with the same intensity, did not provoke any contraction upon the corresponding muscles of the sound side. More than four years after the commencement of the paralysis then, this difference of action of the electric currents was still observed; and in this relation, the case appears to us to have a great deal of importance.

These differences of action do not exist only in cases of paralysis of the facial nerve; they are equally observed in other rheumatic and traumatic paralyses, as is proven by the following observation taken from Liemssen:*

A little girl tumbling from a chair, broke her left fore-arm towards the inferior third. The accident occurred in March, 1868, but the patient did not enter the hospital until May 17th. The forearm was deformed and its inferior portion prominent; the patient supported the left arm with the right hand, and was able to perform voluntary movements only with great difficulty.

The patient was placed under chloroform, and the muscles were electrized both with the induced and with the continuous currents. The induced current produced contractions in all the muscles of the forearm, except the common extensor of the fingers. This same muscle remained unmoved in electrizing the radial nerve. The continuous current, on the contrary, produced contraction of this muscle, more strongly than with the corresponding muscle of the right side.

May 22d. The same set of phenomena were observed.

May 30th. The mobility of the muscles of the paralyzed muscles was improved.

The child seized hold of objects better, and held them more firmly for a longer time.

After having moistened the forearm for some time, so as to facilitate the conducting power of the epidermis, we observed that a current of ten elements produced contraction of the paralyzed common extensor muscle; but not of the corresponding muscle of the sound arm. With twelve elements, the contraction of the left (paralyzed) side was very strong, while it was entirely wanting upon the right; and it was only with fourteen elements that we obtained a very sluggish contraction upon the sound side.

The induced currents, whether strong or weak, slowly or rapidly interrupted, produced no contraction of the paralyzed side, while they produced tetanic-like contraction of the corresponding muscles of the sound side.

June 19th. The position of the hand, as well as the extension of the fingers, had become sensibly improved. The excitability under the influence of the currents of the pile was much diminished, that is to say that a current of sixteen elements did not produce any contraction, while a current of ten elements had produced contraction upon the 30th of May. Induced currents produced then sluggish contractions in the paralyzed muscle.

Phenomena of the same character were observed by Liemssen in a case of cubital paralysis.

The following are the principal deductions which this physician draws from his different observations:

I. There exist cases of peripheric paralysis where the muscles do not contract, neither

*Loc. cit., pp. 92 and 93.

under the influence of the will, nor under that of induced or continuous currents.

II. In some cases, the motility is in part preserved, but neither the affected muscles nor their motor nerves are excitable, whether by induced currents or currents of the pile. (Eulenburg (*), Liemssen.)

III. The motility may be completely extinguished, while the muscular excitability for both sort of currents is enfeebled and equal (Meyer).

IV. The muscles and the motor nerves have lost all excitability under the influence of the will and of induced currents, while the excitability is augmented with currents of the pile.

In this case the observations give for result, the following phenomena:

A. DURING ABSENCE OF THE MOTILITY.

1st. The contractility is augmented by the current of the pile; a very feeble current which will not give any indication of contraction of the corresponding sound muscles, produces energetic contractions in the paralyzed muscles. (Baierlacher, Schulz, Neumann, Eulenburg, Liemssen).

2d. The excitability for the current of the pile augments during the course of treatment, attains rapidly a maximum, to diminish finally (Liemssen).

3d. The excitability for the current of the pile is not always increased at the same time in all the branches of the paralysed nerve. In the muscles and in the less excitable branches of the nerves, it augments and diminishes more slowly than in the muscles and in the branches of the more excitable nerves (Liemssen).

4th. The contraction produced by the currents of the pile, is less rapid in the paralyzed muscles than in the healthy muscles.

5th. The contraction does not often arise except by direct irritation of the muscle; and not by irritation of the corresponding motor nerve. (Neumann, Liemssen.)

B. WITH THE RETURN OF MOTILITY.

6th. The excitability under the influence of the current of the pile is lost, little by little with the return of voluntary movement, during which the excitability by the induction current returns little by little. (Schulz, Liemssen.)

7th. The excitability by the current of the pile is lost little by little, with the return of motility; but the excitability by the induction current remains extinguished despite the complete re-establishment of the motility.

The excitability by the two sorts of currents does not become normal, but little by little, and in the same proportions after several months and several years. (Liemssen.)

8th. The excitability by induced currents, in re-appearing remains more feeble for the homologous muscles of the sound side.

9th. The excitability by the currents of the pile remains the same, and the excitability by induced currents, never returns. (Eulenberg, Liemssen.)

These conclusions apply not only to traumatic and rheumatic paralyses, for they are equally true in other cases. Liemssen has observed similar phenomena in the case of paralysis of the muscles of the veil of the palate following diphtheritic angina. In a patient thus affected, the speech became nasal; and each time that he attempted to swallow liquids they returned by the nasal fossæ. Movement of the muscles of the veil of the palate, both voluntary or reflex, were completely abolished.

The application of induced currents did not produce any contraction of these muscles. On the contrary, the currents of the pile of eight elements of Storher caused the glosso-staphylin and the pharyngo-staphylin muscles as well as the superior constrictor muscle of the pharynx to contract very energetically. After three sittings, the voluntary movements re-appeared to a feeble extent; and after nine sittings the cure was almost complete. Liquids could be swallowed, and the voice was no longer of nasal clang. After five more sittings the cure was complete, and remained so.

The difference between the effects of the two kinds of currents continued to be invariable; that is to say that the excitability to the currents of the pile did not diminish, and that it remained null to the induced current. The current produced by the magneto-electric apparatus, where the character (?) of the current remains the same, was also unable to produce contractions of the muscles of the veil of the palate, while it was able to contract the muscles of the face. A current of eight elements which was unable to establish contraction of the muscles of the face, caused the muscles of the veil of the palate to contract.

Mons. Bruckner* has observed in cases of degeneration of muscles, that while the induction current remains without effect upon these

(*) *Zur Therapie der rheumatischen Facial-Parlysen* *Deutches Archiv. fur klin. Medicin*, 1866.)

*Bruckner, *Ueber das ausbleiben der Zeitung gelahmter Nerven und Muskeln bei momentaner Untersuchung des contenten electrischen Strom.* 1865.

muscles, the current of eight elements contracts them at each closure of the circuit; and at the same time slow interruptions with the currents of the pile produce stronger contractions than rapid interruptions do. With these same currents very rapid interruptions, according to this author, did not produce any muscular contraction.

We have been able to confirm the existence of this same difference of action of the induction current, and current of the pile in a case of fatty degeneration of the muscles.

Mme. C——, aged thirty years, had begun about five years previous, to experience a difficulty in extending the ring finger of the right hand. The other fingers had become successively affected. During the past two years the left hand had become involved, and at the time of our examination she presented the following conditions: The extensor muscles had retained very nearly their normal volume, but they had lost in consistencey, and were only able to contract very slowly under the influence of the will. Both hands were half closed, and none of the fingers could be elevated. The flexor muscles were likewise a little enfeebled, but the patient was able to close the hand completely.

The induced current applied to the flexor muscles produced pretty powerful contractions, but less energetic for an equal intensity of current, than was produced upon the perfectly healthy muscles. These same currents, upon the extensor muscles, produced but a very feeble contraction, while the currents of the pile determined on these same muscles, and relatively to the induced currents, much stronger contractions. On placing one of the poles of the constant current upon the skin which covers the extensors, we could maintain the hand in extension.

This difference of action between the currents of the pile and the interrupted current, has likewise been observed by us in a case of lead paralysis, in the person of a workman who entered the Beaujon hospital under the service of Mons. Axenfeld. This patient had been affected with saturnine paralysis of the extensors, twelve years previously, and had been completely cured at that time. A similar affection had returned during the past two months. Both arms were involved, but the right arm especially. Induced currents, even tolerably feeble, produced contractions in all the muscles of the forearm, except in the extensor muscles of the fingers; but with a strong induced current, a sluggish contraction of these muscles could be obtained. When the skin was well moistened, and the induced current strong enough, the current traversed the arm and acted upon the flexors, the hand flexed upon the arm, and the fingers became flexed. We tried in this case, and without obtaining any difference of action, both electro-magnetic and magneto-electric apparatuses. The current of fifteen elements of Marie-Davy, on the contrary, did not effect any contraction upon all the healthy muscles, and contracted only the common extensor muscle of the fingers, the proper extensor of the index, and the extensors of the thumb; that is to say, those only upon which the induced current provoked no action. Prof. Axenfeld and Mons. Duchenne (of Boulogne) were witnesses of this fact.

We have endeavored to detect this difference of action between the currents of the pile and induced currents, in other cases of saturnine paralysis, but we have not observed it as distinctly as in the case just mentioned. Even in this case, the phenomena varied sometimes from one day to another. However, in the majority of other cases of saturnine paralysis there is a difference of action upon the muscles in favor of the continuous current, and this difference relates especially, according to our observation, to the duration of the malady, and the moment of the treatment during which the muscular contractility is examined. We are as yet unable to give more precise indications upon this point.

The lesson we learn from all these facts is, that there exists a very great difference of action between the currents of the pile and currents, of induction and that we should never confound their action even for contractility. As the currents of the pile do not produce as energetic and painful effects as induced currents, many physicians are unable to see anything more in the effects of currents of the pile than those effects produced by very feeble currents of induction; and they repeat in all sorts of manners that it is only a question of greater or less intensity.

We have dwelt so much upon these pathological facts, because they demonstrate in so palpable and summary a manner, a manner no one can be deceived, that there is by which ence between the action of these two a differkinds of electric currents, so great that one may act, so to say, contrarily to the other.

Again, the continuity possible with the currents of the pile, and the forced interruptions

of induced currents, does not constitute the sole difference between these two kinds of currents, as has long been believed; for, as all these facts go to prove, *the interrupted current of the pile differs essentially from the interrupting current of induction.* Although in this respect the two sorts of currents have a common character, that of interruption, they possess different propensities altogether,—in their mode of production, in their tension, and in their chemical action.

The importance of this difference to diagnosis is very great, for as can be readily understood, it is impossible to learn exactly the condition of a muscle if we are confined to the induced current in our exploration of its contractility.

In traumatic paralysis, in certain cases of rheumatismal paralysis, saturnine paralysis, in infantile * paralysis the muscles do not contract under the influence of induced currents, while they do contract, on the contrary, under the influence of continuous currents. It is equally necessary to take account of this difference of action in a therapeutic point of view, but we do not wish to insist upon those considerations at this place, because we have yet to examine this question in a physiological point of view.

Erb,† Hugo Liemssen, and August Weiss,‡ have endeavored to produce upon animals some of the varieties of peripheric paralysis which are observed in the human subject, sometimes by dividing the nerves, and sometimes by bruising them. There are some differences in the observations of these authors, but merely in reference to questions of detail; for they all accord as to the principal facts.

After the section or crushure of a peripheric nerve (the experiments have been made principally upon the anterior tibial nerve) we observe the loss of excitability, very rapidly. Often after twenty-four or forty-eight hours, the nerve is no longer excitable by electric currents, whether those of induction or those of the pile.

The duration of the loss of excitability varied between three weeks and seven months. A simple section of the nerve requires from four to eight weeks for the separation of the excitability. It requires on the contrary six to seven months, when a portion of nerve has been removed to the length of 3 or 4 millimeters.

When but a slight contusion of the nerve is made, the loss of excitability is of slight duration, but the excitability diminishes for both species of currents, especially for the induced current.

The return of the excitability in the wounded nerve always takes place in its central portion several days before appearing in the peripheral portion.

While induced and continuous currents produce the same force of excitation for the central portion, the excitation produced by the continuous current for the peripheral portion is greater than that produced by the induced current.

The return of the excitability of the nerve coincides with the return of the muscular excitability by the continuous current, and with the diminution of the muscular excitability by the continuous current.

MUSCLES.

CURRENTS OF INDUCTION.	CURRENTS OF THE PILE. (*Currents called Constant and Continuous.*)
The muscular excitability diminishes almost immediately after the section or compression of a peripheric nerve.	Almost immediately after the section of the nerve the muscular excitability is augmented.
Sometimes, however, the normal state exists several days after the lesion of the nerve. In this case the lesion has been made at considerable distance from the muscle.	In half the cases there is a slight diminution of excitability the second day, but which only lasts some little time.
The further the lesion is distant from the muscle, the longer the muscle remains without losing its excitability.	The excitability tends to augment during several weeks, so much so that feeble currents produce contraction of the muscles, which they do not produce on the sound muscles.
The loss of excitability varies between four and twenty-eight weeks.	For the sound muscles, the negative pole produces more energetic contractions; that is to say, that if in placing the positive pole directly upon the muscle, it is necessary to employ five elements to obtain a contraction, four will suffice when the negative pole is placed directly upon the muscle. The contrary takes place for the injured muscles, and it is necessary to employ from two to six elements more when the negative pole is placed upon the muscle than when the positive pole is placed there.
The return of the excitability occurs very slowly, and attains the normal state with difficulty.	The excitability of the muscles diminishes when it returns under the influence of induced currents.
Sometimes it does not reappear for years.	This excitability remains, however, during a long time, superior to that produced by induced currents.

Erb has sought to establish a relation between these modifications of electric excita-

* The Journal of Psychol gy of Hammond (1868-9) has published from various American authors, several cases of infantile paralysis cured by the continuous current.

† *Zur Pathologie and pathologischen Anatomie peripherischer Paralysen.* (*Deutsches arch. fur klin. med.* Bd. IV. et. Bd. V, 1868.)

‡ *Die Veranderungen der Erregbarkeit bei traumatisechn Lahmungen.* (*Deutsches arch. fur klin. med.* Bd. IV, 1868.

bility and the anatomical alterations. As for the nerves, it is recognized by most physiologists that the section or compression of the nervous tubes produces degeneration of the medullary sheath, and that the nervous element regenerates itself little by little. It is after this complete regeneration that the electric excitability reappears.

But on the other hand several observations demonstrate that the voluntary movements take place at an epoch when the electric excitability is completely wanting. Mons. Erb believes that this difference is owing to the fact that the axis cylinder is alone necessary for the *conduction* of excitation; while in order to be *excited directly* the nerve must be intact, that is to say compound, consisting of the axis cylinder and the myeline which surrounds it. We know that in alterations of nerves, it is the axis cylinder which persists the longest time, and in the regeneration it is that equally which appears the first.

This theory, which is very hypothetical, does not account for the difference of action of the two sorts of currents. Liemssen appears to us to have indicated one of the reasons which occasion this difference. He believes it due to the difference of rapidity of the two currents. The induced currents have an extreme velocity, their passage is brusque, momentaneous; they fulfil perfectly the conditions which, for sound nerves, calls forth the strongest excitation—that is to say the rapid change in the intensity of the current.

But if the nerve has undergone alteration, and we believe to have added this consideration to the fact signalized by Liemssen, its excitability is still less, and at the same time it is necessary that the excitant action exist longer.

The induced currents in this case act too rapidly, and are unable, in consequence, to produce the activity of the nerve. The currents of the pile, on the contrary, act during a longer or shorter time, at the will of the operator, and let him make the interruptions as frequently as he can, they will always be much less frequent than those produced by the induced current. Besides, as we have pointed out, if the interruption with the currents of the pile are too rapid, they determine less powerful contractions.

The same occurs with the muscles. If they are healthy there is no excitant comparable to induced currents; if, on the contrary, they are altered, their contraction is very feeble under the influence of these currents and very slow, for they are not as sensitive to the excitation.

This theory, however, is still insufficient, for if it does take account of the less energetic action of the induced current, it does not explain wherefore the altered muscles contract more energetically than the sound muscles under the influence of the continuous current. We shall attempt to complete this study by some personal researches.

We have been struck, for a long time, with the difference of action of the continuous current upon striated fibres and upon the non-striated fibres. While under the influence of these currents, the contraction of healthy striated fibres is feeble and momentary, it is on the contrary very marked, and often long persistent upon the smooth fibres.

In some experiments upon the contraction of the intestine, we have likewise observed several times, both with the manometer and with a registering apparatus, that when we could no longer obtain any contraction by the induced current, it could still be produced by the continuous current. In a former article we have given (*Recherches experimentales sur les mouvements de l'intestin*,) two tracings indicating contractions which were obtained with the continuous current when even the induced current failed to produce any effect.

In the striated muscles, fatigue and the diminution of contractility after death, gave still the same results.

Upon muscles which we have maintained contracted by induced currents during several minutes, we obtained still stronger contractions with the continuous current when the muscle was fatigued. Upon a muscle thus fatigued, we placed the two reopheres of an induced current directly upon it, which determined a permanent contraction. At the moment that the muscle was thus contracted by the passage of an induced current, we applied at the same time, the electrodes of a current of the pile, and under this influence, the muscle contracted still more. The continuous current gave then in this case a more powerful contraction than the induced current. This phenomena never occurred when the muscle was fresh.

When, by their death, the muscles gradually lose their excitability, the same difference occurs between the induced currents and the currents of the pile. Without detailing our experi-

ments upon animals, we may cite the observations which we have recently had opportunity to verify upon the human body. These researches were made by us in the laboratory of Mons. Robin and in his presence, upon the cadaver of a criminal who had been executed some hours previously. The execution took place at five o'clock in the morning, and at half-past seven all the muscles of the trunk still possessed their electric excitability; but no contraction was produced by acting directly upon the peripheral nerves or upon the spinal marrow. The excitability of the nerves then, as is already well known, is lost before that of the muscles.

Muscles exposed to the air lose their excitability very rapidly; but this is not the case with the deeper muscles. At half-past eleven, six hours and a half after death, the muscles of the calf still contracted under the influence of the electric currents, notwithstanding that cadaveric rigidity had already begun in the lower limbs. Mechanical excitation equally excited contraction of the muscular fibres, and it seemed to us that at this period the mechanical excitants acted more powerfully than when the muscles are alive.

The contractility appeared to us to persist longer in muscles with long fibres.

Upon the trapeze we have noted very marked contractions six hours and a half, and more, after death. These contractions were more energetic by the application of continuous currents than by those of induced currents, which is contrary to what takes place in fresh muscles.

The form of the contraction was entirely different from that which is obtained with fresh muscles. It was slow and progressive, and resembled more of the smooth muscular fibres. The contraction was a little more rapid with induced currents, but less powerful.

When electrization ceased, the muscles returned to themselves with equal slowness. This movement was more rapid when the muscles had been electrized with the induced current.

Instead of obtaining during the passage of the continuous current, a relaxation of the muscular fibres, as takes place with fresh muscles, the muscle electrized remained contracted during the whole time of the application of the currents. However, being pressed in our researches, we were not able to keep the continuous currents applied longer than from thirty to forty-five seconds, and we could not assure ourselves whether this state of contraction would continue several minutes. But, even in the conditions which we have indicated, this difference in the action of continuous currents upon these muscles, and upon fresh muscles, is very remarkable.

These different facts demonstrate to us that when from any cause (defect of nutrition, fatigue, death,) the striated muscles are subjected to a change in their normal state, they no longer respond to electric currents in the same manner as before. Thus, in case of rheumatic or traumatic paralysis, &c., (we have endeavored to prove that this fact is general) the muscular bundles undergo an alteration often appreciable to the microscope.

It is logical, then, to admit that in the pathological facts which we have cited, the continuous currents act more energetically upon injured muscles than upon sound muscles, because the muscular substance has undergone a special transformation which approaches the striated fibre to the smooth fibre, which may even be its embryonic condition. In fact we have observed phenomena of the same order in the muscles of embryos. Upon the young embryos of rats, living and near term, we have seen that in the first moments the induced currents and the currents of the pile produced contractions of the muscles of the limbs. But at the end of very little time the induced currents failed to produce contractions, while the currents of the pile produced comparatively strong contractions. In addition, the contraction produced by the continuous current is permanent and maintained during all the time in which the current is applied.

There is then a pathological condition of the muscular fibre where the induced currents no longer produce any contraction, or but very feeble contractions, while the currents of the pile (continuous currents) *determine very pronounced contractions, and often even more energetically than in the normal condition.*

NERVOUS SYSTEM.

I.

The effects of electric currents on the nervous system are very varied, and we cannot enter here into all the details. We only dwell upon one question, as interesting, in a practical point of view, as it is theoretically.

The importance which the German authorities attach to the facts discussed by Du Bois-Reymond is well known, and in all their works on Electro-therapeutics, they endeavor to ex-

plain the curative powers of electric currents in accordance with these facts. The tendency is a good one, certainly, but we believe it to be exaggerated. For one thing, the theory of Du Bois-Reymond is no longer tenable when he endeavors to identify the electric fluid with the nervous flux; and the hypothesis that, in paralysis, neuralgia, etc., they reinforce and modify the electric tonicity of a nerve appears to us not only an exaggeration, but a great error. In all affections of the nerves, as in those of every other species of anatomic element, the alteration consists in a modification of nutrition; and the electric currents act, the greater part of the time, according to us, only by their influence upon the intimate nutrition, upon the phenomena of endosmose and of capillarity, and upon the circulation. As to the electric currents of nerves and muscles, there are concomitant phenomena, and not exceptional.

The facts of anelectrotonos and of catelectrotonos, discovered by Pfluger, render these theories very seductive, and the entire German school adopt them in their dissertations upon the influence of currents, and upon the elective properties of nerves. A continuous current soothes because it produces anelectrotonos; the same excites because it produces the catelectrotonic condition. The one renders the molecules more mobile, the other maintains them in a stabile state; the one reinforces the currents proper, the other enfeebles them. The direction of the current, its intensity, its action upon the muscles of the arterioles, its electrolytic effects, everything disappears before this single law: the positive pole causes the excitability of the nerves to disappear because it determines the anelectrotonic state, and the negative pole augments the excitability because it produces the catelectrotonic state.

Thanks to Mattencci, all the incontestible facts upon which they uphold these theories, have received a simple and rigorous explanation; but up to the present time the German school has not yet taken any account of the experiments of this Italian savant. Mattencci argues from this principle easy of experimental demonstration, that even the most rapid passage of the current of the pile is accompanied by electrolytic phenomena: acids are deposited at the positive pole, and alkalies at the negative pole; and the experiments of physiologists have long made known that nerves lose their excitability in the presence of acids, and that their excitability is augmented, on the contrary, by the contact of feeble alkalies.

In an historical and theoretical point of view, it is very curious to compare these facts with those which have been discovered concerning vegetables, where it has been observed that the development of plants occurs more rapidly near the positive pole than at the negative pole. Here again, the effect is but indirect, for potassa and chalk form the salts dissolved in the water, are produced near the negative pole, while acids are disengaged at the positive pole. It is known that bases favor the transformation of starch into dextrine and sugar necessary for germination, while the presence of acids arrests this transformation.

In employing distilled water in such manner that the passage of the current produces only hydrogen at the negative electrode, and oxygen at the positive one, we favor, on the contrary, germination at the positive pole by the oxygen and ozone which are developed there.

II.

But however indirect, this predominant influence of the negative pole is no less remarkable; and as electrolytic phenomena have a very great action in physiological effects, it is necessary to consider them in a practical point of view.

Some experiments seem, besides, to demonstrate that the negative pole is alone efficacious in producing the decomposition of substances transmitted by a current, (Daniel, Vorcillet.) For example, in making an electric current traverse a series of U shaped tubes filled with chloride of gold, we notice, at the end of some time, that the gold decomposed proceeds from the liquid which is in connection with the negative electrodes. Chemical test proves that the liquid surrounding the positive electrodes does not part with its gold. The same occurs with other salts.

These facts, apparently in opposition to the laws of electolysis, which show that the quantities decomposed depend on the quantity of electricity which passes and not on the nature of the current, have explained by many physicists (d'Almeida, Poggendorf), just like the anomalies which are often encountered in the use of the voltameter (Jamin); but the fact itself is no less worthy of remark in a medical point of view. In the electrolysis of the tissues, the eschar furnished by the negative pole is,

in fact, always more considerable than that which is produced at the positive pole. More, we believe that it is in this chemical action. more considerable at the negative pole, that is to be attributed, at least in part, the greater excitation which the negative pole produces.

III.

These facts, purely physical, prove well that for the difference of action of the positive and negative poles, it is not necessary to resort to hypotheses which are all more or less obscure

The influence of the direction of the current, however, seems to us to be outside of the purely physical phenomena, and proper to the living nerves themselves. We have already said that the current in the centripetal direction, contracts the arterioles and diminishes the quantity of blood in the peripheric portions, while the centrifugal current, on the contrary, dilates the vessels. As the circulation has a great influence upon the excitability of the nerves, it is very probable that one portion of the action of currents on the nervous centres may be explained in this way.

Upon the other hand, the motor nerves transmit the nervous influence of the centres to the periphery, while the sensitive nerves transmit it from the periphery to the centres; and it is possible that a centrifugal current acts with more force upon the motor nerves, and a centripetal current with more force upon the sensitive nerves. This has in fact been demonstrated by the experience of various authors; and we have here collated the influence of the continuous current upon the peripheric nerves.

A. The descending current is that which acts most energetically upon the motor nerves.

B. The inverse or ascending current is the one which acts the most energetically upon the sensitive nerves.

C. The excitability of the nerves is diminished by a direct or descending current, and is augmented by an inverse or ascending current.

We have equally seen, in searching the influence of the direction of the currents upon the spinal marrow:—

D. That the descending current applied upon the spinal cord acts upon the motor nerves by direct, and not by reflex action.

E. That the ascending current augments the excitability of the cord, and that it acts upon the motor nerves by reflex action.

F. That the descendant current prevents reflex action, while an ascending current augments it.*

* *Memoires de la Societe de biologie. Mai*, 1868.

It is important to remark here that this has nothing to do with the local action of this or that pole. Of course, with a descending current for example, the positive pole is the one placed nearest the centres; and the partisans of electrotonos and catalectrotonos may object that this lesser excitability of the descending current is due to the presence of the positive pole near the centres. But were this the case, we ought to have, at the same time, an augmentation of excitability at the negative pole; but there is no such thing, however, under these conditions. The inverse current, likewise, should, according to this hypothesis, be always more excitant for the motor nerves than for the sensitive nerves, a condition equally contrary to the facts.

We admit, and we have given physical proof in its support, that when the two poles are placed upon any (one) surface of an organ, or when they are placed upon a nerve, separated from the centres, there is a great excitant action on the part of the negative pole. But when we act upon the nerves and upon the centres in such a manner as to have a sufficiently great extent of nervous substance between the two electrodes, the direction of the current has a very marked action, because according to its direction, and independently of the local action of the electrodes, it influences either the excitability of the motor nerves, or that of the sensitive nerves. The direction of induced currents even, seem to have a certain influence, for A. Becquerel has remarked that in the treatment of neuralgias by these currents it is better to employ the direct current.

This influence of the direction of the currents has great value in practice, and we attach great importance to it.

The German school appears to us to be in error in not taking into account the *direction* of the currents, but only the more excitant action of the negative pole; it discovers nothing in this action but a *molecular modification*, a *polarisation*, special and different at the two poles. Matteucci has proved in an incontestable manner, that these differences depend especially upon the *electrolytic phenomena*; and he insists at the same time upon the necessity to take into consideration the direction of the currents. However, these explanations for all these phenomena are, perhaps, too exclusively based upon the chemical action. For the nerve intact and attached to the centres, and above all protected by the surrounding tissues

and by the epidermis from the direct contact of the electrodes, we believe that the *direction alone* of the current has a great influence, according as it is identical with that of the flow of the nerve fluid or in the opposite direction.

CHAPTER V.

EFFECTS OF ELECTRIC CURRENTS UPON GENERAL NUTRITION.

I.

We have already seen the influence of electric currents upon the phenomena of endosmose and exosmose. It is incontestible that in traversing living bodies, electric currents may act in the same manner upon these phenomena, that is to say augment them. Nutrition is constituted by a continuous movement of molecular change which takes place by endosmose and exosmose; and consequently in augmenting these phenomena, we stimulate nutrition.

To appreciate the greater or less activity of nutrition, the best means is to study the variations which occur in the elimination of urea. Some physiologists maintain it is true, that urea is not directly formed in the tissues, and that it is formed only in the kidneys. Without entering into the details of this question, we will only remark that urea is a product of the oxidation of azotic substances, and even if it does not exist ready formed in the blood, the substances which give rise to it may exist in the blood before its entrance into the renal tissue. The kidneys may perhaps determine the formation of urea, but only in acting isomerically, so to speak; for we believe that it would be absurd to maintain that the oxidation of azotic substances does not occur but in the kidneys. Whatever may be the theory adopted, we can always judge of the activity of the nutrition of the tissues by the greater or less quantity of urea which is eliminated.

The experiments which we have undertaken upon this subject have been made upon ourselves and upon animals. We have presented the principal results to the Academy of Sciences (*).

We first analyzed the urine before electrization and after it, without paying any regard to the total quantity of the urine, or the time during which it was secreted. We thus determined that urine examined after the employment of interrupted currents, contained much less azote than before the electrization. We equally found less azote after the use of continuous centrifugal currents; but we found much more after using centripetal currents.

We append some figures which represent the azote obtained from 10 grammes of urine (*):

Ascending Current.		Descending Current.	
Before.	*After.*	*Before.*	*After.*
9 cc.	21 cc.	25 cc.	17 cc.
43	60	34	21

We remark that the quantity of urea is extremely variable in the rabbit, according as it may be fasting or undergoing digestion, sick or well. This will explain the notable differences of our analyses.

Without desiring to record all of our observations, we will mention the analagous analyses of the urine of one of ourselves, made before and after electrization of the vertebral column:

Ascending Current.		Descending Current.	
Before.	*After.*	*Before.*	*After.*
50 cc.	53 cc.	50 cc.	47 cc.
40	45	76	71

in 10 grammes of urine to each analysis.

In another series of observations, we examined the urine secreted in the twenty-four hours, before and after electrization. The rabbit was placed in a cage destined to collect the urine, and electrized during half an hour.

In these conditions we did not obtain very striking results, for at the end of twenty-four hours, a sort of equilibrium became established in the elimination of the urine, and we could not judge exactly as to what was the result of the currents.

Finally, in a third series, we analyzed the urine secreted in a given time before and after electrization. From more than 250 analyses of urine made under these diverse conditions we may conclude:

1st. That interrupted currents diminish the quantity of the urine as well as the quantity of azote.

2d. That continuous centrifugal currents habitually diminish the quantity of urea, and increase that of the urine.

3d. That continuous centripetal currents exaggerate the production of urea without notably increasing the secretion of urine, which is even sometimes diminished.

We are disposed to believe that interrupted currents enfeeble the phenomena of general nutrition, and that continuous currents in facilitating endosmose and dialysis, re-enforce the electro-capillary currents, increasing the

* *Comptes rendus des seances de l'Academie des sciences*, 19 juillet, 1869.

*In our analysis of urine we followed the process of M. Leconte, which consists in decomposing the urine by means of alkaline hypochlorites, and measuring the azote.

changes which occur in the tissues; above all, the centripetal current, in acting upon the central nervous system, determines a stronger reaction, a sort of artificial febrile state, which to us explains its effects.

II.

To study the influence of continuous currents upon general nutrition in another aspect, we day after day electrized some puppies born at the laboratory and raised by the mother.

We took three of them at random, and weighed them two days after birth (March 1, 1869).

No. 1 weighed - - - - - 369 grammes.
" 2 " - - - - - 364 "
" 3 " - - - - - 382 "

We electrized No. 1 and No. 2 for a quarter of an hour every day by plunging one of the forepaws and one of the hinder ones in some tepid water containing the electrodes.

No. 1. was electrized with the descending current, and No. 2. with the ascending current.

March 22d, a new weighing gave us

No. 1 (descendant) weighed 1k, 456 gr.
" 2 (ascendant) " 1k, 491 "

March 31st.

No. 1 (descendant) weighed 1k, 880 gr.
" 2 (ascendant) " 1k, 900 "
" 3 (not electrized at all) 1k, 860 "

We then discontinued electrizing No. 1, and in place of it electrized No. 3 every day.

April 15th, we had the following results:

No. 1 (no longer electrized) weighed 2k, 621 gr.
" 2 (electrized since March 2,) " 2k, 817 "
" 3 (" " " 31,) " 2k, 763 "
" 4 (not electrized at all) " 2k, 345 "

Two other puppies which had never been electrized had died during this time. We presented these puppies to the *Societe de biologie*, and, by simple inspection, all the members present recognized this difference of development.

These figures show that the animals which had been electrized had developed more rapidly than the others, and it permitted the conclusion that continuous currents act upon the general nutrition in a very efficacious manner.

Nevertheless, we do not deny that these experiments have a relative value only, for there was nothing to allow us to suppose that all these puppies were begotten by the same father; and consequently it may be admitted, that by chance we selected those pups which were of stouter race.

The figures above, however, show us that one of these animals (No. 1), when no longer electrized, lost weight in proportion to the others; and onthe other hand, all these puppies seemed to be of the same race.

Mons. Bert having repeated this experiment upon young cobayes, announced at a meeting of the Society of Biology, in the month of July, that he had not remarked any difference between the animals which had been submitted to electrization, and those which had not. We add that Mr. Bert rationed his cobayes, which lessened the interest of his observations, for it is too evident that an animal cannot grow more rapidly than others, unless in a condition to receive more nourishment; a greater activity of nutrition implies the necessity for more copious alimentation.

III.

Nothing is more proper to show the difference of action of continuous or interrupted currents upon the living tissues, than the application of these currents upon certain elements of the organism devoid of nerves and vessels, but which are still endowed with movement. We speak of vibratile cilia and spermatozoa.

As regards spermatozoa, experiments analagous to our own have been made by Messrs. Prevost and Dumas. We were not aware of these previous observations when we commenced our researches, which conducted to identical results.

Vibratile ciliæ afford a still more evident demonstration than do spermatozoa, besides; which, their movement being always the same, we may hope to discover a difference of action to the continuous current, following the line of that current. At any rate, it was an interesting fact to verify.

We will explain, in a few words, how we arranged the experiment. Upon a glass dish, furnished with two metallic plates slightly separated, we placed the vibratile cilia or the spermatozoa, in such manner that they touched the two thin metal plates; these were placed in communication with electric apparatus furnished with a commutator.

The movements of the vibratile cilia of the pharyngeal cellules of the frog are notably accelerated by the passage of continuous electric currents, whatever may be the direction of the current; the observation is as distinct as possible in vibratile cilia in which the movements have become very slow; we see them take on a new vigor and move rapidly.

Induced currents, on the contrary, retard the movement of the cilia and then arrest it completely. The vitality of the anatomical elements, however, is not abolished after the cessation of the undulations, at least, when the current employed is very strong. In fact,

if one cease to electize them, or better, if we make use of continuous currents, the movement returns little by little. The experiment is most difficult to execute with the vibratile cilia of the tracheal cells of mammifers, but it occurs equally.

The action is very nearly the same with spermatozoa, but is not so distinct; the difference in the action of the continuous and interrupted currents is not so marked, although it is by no means doubtful.

It was in vain that we attempted to arrest the vibratile movement of the cilia with continuous currents, even in giving them a direction opposite to that of their movement, that is to say, placing the positive pole on the the side where the cilæ drooped, and negative on the side where they rise again; in spite of our attempts the undulations became more rapid.

It is impossible to refer the explanation of these facts to a modification of nutrition caused by the electrization of these elements separated from the remainder of the organism; it is equally impossible to invoke the chemical decomposition of liquids, for the augmentation in the rapidity of the movements is immediate under the influence of continued currents. There is a simple excitation of the anatomical element; this excitation is here represented by movements: it might be manifested by a production of heat, light, or of electricity, if the element was qualified to call forth these phenomena.

IV.

The chemical combinations of all sorts which take place in the living tissues give rise to electric currents. It is known that the currents have been shown in muscles and in the nerves. There exists equally a musculo-cutaneous current, and a current between the external and internal surface of the skin. (Cl. Bernard.)

It may even be said that there are no portions, nor elements of the organism, where electric currents do not take place. Mons. Becquerel has discovered that there is a production of electric currents in every capillary action,* and in consequence every part of the organism should give rise to the formation of currents, as well in the element themselves as in the interspaces which separate them.

M. Becquerel (*Comptes rendus de l'Academie des sciences*, 7 juin, 1869,) has found that the electro-motor force of arterial and nervous blood is equal to 0.57; that of a couple of nitric acid being 100. The electro-motor force which is manifested at the contact of venous blood coming from vessels contiguous to the femoral artery, and of a cellular tissue moistened by seriosity is 0.30, that of a couple of nitric acid being 100.

We believe that M. Becquerel is mistaken when he considers the morbid state of an organ as the result of the dilatation of the pores, and of the cessation of the electro-capillary forces; but what is certain, is that it supplies the only satisfactory explanation of the phenomena which go on in the capillaries. It is, in fact, difficult to comprehend that the laws of endosmose and of diffusion alone can account for the rapidity of the liquid and gaseous exchange which is made between the capillaries and the contiguous tissues. How is it, besides, that in one case (the greater circulation) oxygen, which has so much affinity for the globules of the blood, leaves the globules, and that the blood returns in the veins charged with carbonic acid? In another case, (the pulmonary circulation,) the blood arrives in the lungs, quickly gives up its carbonic acid and takes oxygen. Mons. Becquerel has only sought to explain the electro-capillary phenomena which pass in the capillaries of the tissues, but his theory is just as exact for the capillaries of the lungs. Solely, in the latter case, the phenomena are inverse, it is the carbonic acid which is expelled, and the oxygen which enters into the blood of the efferent vessels; but in addition, the electricity of the walls has also changed sides. The oxygen, in fact, instead of being on the internal surface, as in the capillaries of the tissues, is on the external surface of the capillaries of the lungs. The phenomena of exchange and of material transportation may then be, as is really the case, inverse in the two cases.

It is necessary to remark that all the phenomena of exchange of gases and liquids take place in the organism, with such rapidity that it is impossible to explain them by the single fact of endosmose, which, besides, is accompanied by electric phenomena, and which is augmented in notable proportion by the currents. Without the intervention of the electro-capillary phenomena, it is really impossible to explain the introduction of the carbonic acid into the capillaries. For the vessels of

* M. Becquerel recommends electro-capillary piles in every case where there is wanted slow, regular and continuous electric chemical action. These poles have, at the same time, a powerful tension, and if their construction was easy and less expensive, they would certainly be the most advantageous for employment in medicine.

the lungs it may be pretended, that oxygen has much affinity for the blood globules, and that the carbonic acid has none; but, for the capillaries of the tissues, how does it come that carbonic acid, which has so little affinity for the globules, deposits itself and even penetrates into the tissues, where the tension is more elevated than in the tissue whence it comes?

On the other hand, many experiments prove that the oxygen found in the blood, which returns to the lungs, exists in the state of ozone. And how can it be under this form if it does not prove of the influence of electric currents in the capillaries?

V.

In the chemical effects of electric currents, we observe a remarkable phenomena called *cementation*, and which consists in a molecular action, in virtue of which elements of different nature are introduced into the interior of the body, while others are expelled, and that without change in the form of the body. M. Becquerel has succeeded in obtaining many transformations of this nature, by the aid of voltaic currents, very feeble, but prolonged a long time. What is particularly remarkable in this order of phenomena, is that the effect is not only produced at the surface, but that it has an inter-molecular penetration, substituting one metal for another without alteration of the exterior form.

Is not this just what takes places in a great measure in organic bodies? The anatomical elements, muscular fibres, nervous cells, etc., suffer constantly molecular changes in all their parts, but the exterior form remains always the same. Certainly, and we have already said it often, electricity is not the first cause of these molecular transformations; but on the other side, it is more than a simple accessory phenomenon, for if the chemical combinations of the living tissues are not the effect of electric currents, it is incontestible that they give origin to electric currents, and that these in their turn influence these chemical combinations. How many facts taken from phenomena of daily occurrence show that, even for inorganic bodies, there is always an intimate relation between the production of a current and chemical action. Iron and brass undergo alteration more quickly when there are already some points of oxidation on their surface. It is the same with lead when in contact with an unoxidizable metal. With organic bodies these relations are still greater, and it even becomes difficult to define very exactly that which is cause and that which is effect. Animal heat, for example, is the result of oxidations which take place in the living tissues, but we cannot say exactly that it is the cause of the molecular changes which take place during life. It is not heat that puts into activity the oxidation which accompanies the hatching of the egg? It is not heat which, maintaining a certain mean, permits the organs the play of their functions, and favors in them their molecular modifications?

It is the same with the electric phenomena. Reason and experience have demonstrated that the chemical combinations which take place in all living tissues, engender electric currents, and not only in muscles and nerves, but in all the elements of the body, wherever, in a word, there is an exchange of material.

It is for this reason, that the currents act so energetically upon the nutrition, even of deeply situated parts, and Prof. Niemeyer, though little enthusiastic, regards them "*as a means more potent than any other whatever it may be, to modify the nutritive conditions of parts deeply situated.*" To deny that electric currents are formed in all the tissues, and that they contribute to nutrition, is to fall into an exaggeration greater perhaps than that of physicians who would have all vital phenomena dependent upon electric currents. The one class have reason enough to maintain that organic combinations do not give rise to any disengagement of heat; and the others, that the nervous influx, its propagation, its action upon the muscles, etc., is nothing else than a phenomenon of heat.

This assimilation, under certain conditions of heat and electric currents, shows us how we may, in a general manner, consider the effects of electricity upon living bodies. The one and the other of these agents are the result of the nutrition of the tissues, and both, acting from without, whether by the medium of ambiant heat, whether by a direct introduction for electricity, augment the vital energy and excite all the organs. On the other hand, their inopportune action, too long continued, or too great, exhausts and kills.

Most medicaments have no other end than to limit nutrition or to increase it; to destroy the too active agents of oxidation, is to introduce oxidizing substances into the organism. In the same manner, electric currents may be applied according to the case, to augment vital

actions or to moderate them. Their effect is more rapid and more energetic than that of heat, only because they have a much more powerful action upon all bodies. A very feeble current appears to make or break combinations upon which the most elevated temperature has no effect.

But electricity has no mysterious action upon organic bodies any more than upon inorganic bodies. If its first cause is unknown, it is the same of all other forces; and we are equally ignorant of the nature of heat and of light.

The only thing beside, that it is important to us to know, is its influence upon the elements of living bodies; its physical, chemical and physiological effects upon each organ and upon general nutrition; its differences of action according to its mode of production; and finally, the limits within which it may be employed.

Medical Societies.

MEDICAL SOCIETY OF WEST VIRGINIA.

We are gratified to learn that the effort to create a second Medical Society of West Virginia has been given up. It would appear that in the call for the formation of the now existing society, many physicians were overlooked who should have been notified and invited. This unintentional slight has been amended by the action of the society recently, and at a late meeting of physicians, at Point Pleasant, Dr. S. G. Shaw, presiding, it was

Resolved, 1st. That this convention deems it inexpedient to form an independent medical society in West Virginia.

2d. That in view of the recent action of the State Medical Society, it is the opinion and desire of this convention that all feeling of disaffection on the part of the profession in the State should cease, and that in future said society should receive the cordial support of every regular and respectable practitioner within our borders.

THE PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

A Medical Society was organized on the evening of Nov. 2d, and adopted the name of the "Philadelphia Hospital Medical Society."

The Society is composed of local ex-residents and the resident staff of the hospital, and hold their meetings in the Library Room of the institution on the second and fourth Wednesday evenings of each month.

The following gentlemen were elected officers for the next six months:

Dr. J. Ewing Mears, *President.*
Dr. E. B. Moseley, 1*st Censor.*
Dr. H. W. Elmer, 2*d Censor.*
Dr. Geo. H. Fox, *Secretary.*

News and Miscellany.

Excessive Opium Eating.

Dr. A. T. Schertzer, of Baltimore, Md., relates the case of a lady, twenty-eight years of age, who had consumed in two years, *five thousand eight hundred and forty ounces* of laudanum, and spent *eleven hundred and sixty dollars* in purchasing it. Without pretending to hold her attending physician to an unjust responsibility, the question naturally occurs, as to whether or not this heroic consumption and lavish expenditure might not have been prevented by the employment of judicious means, in the first instance? Medical men should always bear in mind that this dangerous habit is easily acquired, and should guard as far as possible against it.

"While attached to the Medical Corps of the Navy," says Dr. S., "I have frequently met with natives of the East Indies who consumed opium with a voracity equal to that of the lady in question, but have never known a similar instance in this country."

QUERIES AND REPLIES.

Dr. J. W., Texas.—The last edition of the U. S. Dispensary can be bought for $8.00.

Dr. J. W. D., of Pa.—The Speculum, described in No. 11 current volume of Reporter, costs $15.00.

Dr. J. Q. R., of Pa.—We do *not* forward through our office the Journals with which we commute. The money is sent by us to the publishers of the respective journals, and the numbers are sent direct from the publishing office to subscribers. The Gynæcological Society's journal will be forwarded you with the Reporter for $7.50.

Dr. G. A. J., of N. J.—"Are we justified in tapping in congenital hydrocele, where it fails to be absorbed? Is there not danger of peritonitis?"

We think there is not much danger of the inflammatory action you fear, and that, *cæteris paribus*, you need not hesitate.

The Reporter, Compendium, and *Journal of Psychological Medicine* will cost $11.00.

The case of amenorrhœa you mention we cannot explain from the data given. Perhaps a uterine examination would reveal the true cause.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

James—Eveland. On the evening of December 2nd, at the residence of the bride's parents by Rev. Theo. Stevens, Dr. John E. James to Miss Maria L., daughter of Daniel Eveland, all of Philadelphia.

DIED.

Zeigenfuss. In Buck Mount, Carbon co., Penn'a, on Tuesday, Dec. 7th, 1869, Dr. A. A. Zelgenfuss, aged 43 years.

THE
MEDICAL AND SURGICAL REPORTER.

No. 668.] PHILADELPHIA, DECEMBER 18, 1869. [Vol. XXI.—No. 25.

Original Department.

Communications.

OBSERVATIONS ON THE EFFECTS OF ELECTRIC CURRENTS UPON THE LIVING TISSUES, AND UPON NUTRITION.

By MM. Legros et Onimus.

Translated by J. Solis Cohen, M. D., of Philadelphia.

We trepanned the skull of a robust dog in order to examine the state of the cerebral vessels under the influence of continuous currents. Placing the positive pole upon the exposed portion of brain, and the negative pole upon a wound in the neck (10 Remak elements), a contraction of the vessels was determined, and the brain faded slightly, but in a visible manner. Placing, on the contrary, the positive pole upon the wound in the neck, and the negative pole upon the brain, we observed an injection of the cerebral capillaries, and the brain formed a protrusion through the opening in the cranial vault. (It is necessary to remark that in this case the first current was ascending and the second descending, in reference to the sympathetic centres). It is possible, then, it will augment the circulation in the encephalon, or diminish it, as we can do in every species of organ. But no organ perhaps is as sensitive as the brain to changes in the circulating phenomena, and for this reason we selected the observation just mentioned, and to which we are able to refer some pathological facts.

VI.

In many cases, and almost each time that we have had occasion to place the poles upon the head, the persons electrized have experienced a tendency to slumber, and in general have enjoyed a very long and very calm sleep upon the following night. This tendency is particularly well marked among females subject to nervous affections. A young female presented the following symptoms: Hiccough, which had persisted for eighteen months; contraction of the muscles of the back part of the throat; contraction of the flexor muscles of the right limb; very pronounced hyperæsthesia of the entire region of the back; violent crises every morning and evening lasting more than an hour. During these crises the patient had a series of spasms of a tetanic-like character; she tossed about and leaped from her bed in a state which cannot be better compared than to that which we observe in animals poisoned by strychnine. In this young girl, having in the course of the treatment, applied the positive pole (eight elements) upon the forehead, and the negative pole upon the nape of the neck, we determined each time a great tendency to sleep, and at one sitting she did actually sleep for several moments.

Another patient whom we had occasion to observe in the service of Mons. Oulmont at the Lariboisiere hospital, presented all the graver hysterical phenomena. She often remained for three or four days in delirium, having continual hallucinations, neither eating nor sleeping. In one of these crises, we passed a current of ten elements through the encephalon, placing the positive pole upon the forehead, and the negative pole upon the neck towards the superior cervical ganglion. The electrisation lasted five minutes, and immediately afterwards the patient slept in profound slumber for nearly half an hour, and the following night was better.

If we compare these facts, which we are able to multiply, with the observations of Burrows and of Donders, upon the state of the brain during sleep, we see how well they accord. In fact, the cerebral vessels are contracted during sleep, and the same effect being determined by the continuous current in placing the positive pole in the region of the encephalon, it is natural for us to obtain in

these conditions the same results, that is to say, sleep.

These facts too, show us how we may cause continuous currents to act even upon the encephalic centres without danger, and often with advantage; and we are persuaded that in certain forms of delirium, or of cerebral excitation, they may render great service. We have obtained a very satisfactory result at the end of very few sittings, in the case of a young Russian, aged twenty-eight, who was in a very inquiet state of cerebral excitement, with hallucinations, and who slept his very agitated sleep only with great difficulty.

Hiffelsheim cites several cases of cerebral congestion and even of softening (ramollissement) in which the employment of continuous currents has given him good results. Baillarger has mentioned to the Medico-Psychological Society some cases of chronic hallucinations of hearing treated by Hiffelsheim with success. One of these patients had been "completely cured of hallucinations which had lasted for more than a year, and which produced in her delirious conceptions of the most pitiful character, and reduced her to a very miserable state indeed."*

We see by these facts, how electric currents, but continuous currents alone, may be able some day, perhaps, to render signal service in cerebral affections. This is a point to which it is important to call the attention of physicians in charge of the insane. Until the present day, electricity has always been regarded as an energetic excitant, dangerous to apply to the region of the nervous centres, and above all to the encephalon. That which is true for interrupted currents is far from being equally true for continuous currents. The facts which we have cited, demonstrate fully that, far from being always an excitant, the current of the pile, as has been maintained by Hiffelsheim, may become a *sedative* or *calmant*.

In a general manner, the power to make them excitants or calmants, according to their direction, is one of the great advantages of interrupted currents, at the same time that it presents a difficulty in their employment. They have, in addition, this other advantage over interrupted currents—the power to be applied directly and without danger to the nervous centres.

VII.

We have said that the induced currents applied directly upon the sensitive nerves produced an arterial dilatation upon the sensitive nerves by reflex action. This effect is equally obtained by continuous currents, but in less proportion. Exposing the auriculo-temporal nerve, and electrising its central portion with a continuous current, we obtain equally a vascular hyperemia in the ear of the same side. But what shows, at the same time, that this action is reflex, and that the direction of current is of great importance is that the effect is not produced except with a centripetal current. We have never observed in this experiment as strong a congestion as in cases where we electrize the nerve with the interrupted current.

We exposed the submaxillary gland in a large sized dog. After having isolated the chorda tympani nerve, and introduced a canule into the excretory duct we passed an induced current through the entire gland, and as had already been observed by Mons. Cl. Benard, the secretion was not augmented under this influence. Under the same conditions the continuous current on the contrary rendered the secretion more abundant. Carrying the electric current directly upon the chorda tympani, the continuous current still augmented the salivary secretion, but in no case was it as abundant as when the nerve was electrized with the induced current.

The effect produced by the interrupted current is instantaneous, and disappears when the application is discontinued. The effect is slower with the continuous current, but lasts some time after the application. We have seen one case where, after the employment of the continuous current (contraction of the muscles of the neck) there followed an abundant salivation, which continued the entire day, and which became so great as to render it necessary to intermit the treatment for some time.

The preceding physiological experiments give us, likewise, the explanation of the success obtained in the employment of electric currents to stimulate the functions of certain glands to activity, as for example, the mammary glands. (A. Becquerel.)

MUSCULAR SYSTEM.

I.

Electric currents cause muscles to contract, and hence, in consequence, a very great influence upon the nutrition of muscular fibres. The contraction of the muscles is accompanied by an elevation of temperature. Upon man,

*Baillarger, *Archives cliniques des maladies mentales*, 1861.

Liemssen* has seen the temperature of the arm while electrised by an induction current, raise from one to two degrees centigrade. The first minutes, however, there is a slight depression (from 0°.1 to 0°.5), but before the completion of the third minute the temperature rises, and continues to rise more and more. The highest temperature always occurs during the four or five minutes which follow the cessation of electrization.

The variations of temperature are very easily explained by the changes of circulation which take place in the limb electrised. At the moment that the induced current passes, there is a contraction of the arterioles and consequently a diminution of the circulation and a depression of the temperature. When, on the contrary, the electrization ceases, there is dilatation of the vessels and an afflux of blood. In electrizing the superior cervical ganglion with the induced current, we have seen contraction of the arterioles and depression of temperature during the whole time that the current was applied; while immediately after ceasing the electrization, there was a strong elevation of temperature, due probably to a momentary paralysis of the vessels.

As regards the elevation of temperature which takes place during the electrization of a limb, it is produced by muscular contraction principally. We know, in fact, that muscles in contracting, produce heat; and that, even when the circulation is completely arrested in a limb, if this limb is contracted the temperature is greater than that of other portions of the body where the circulation is unimpeded. Upon frogs, where microscopic examination shewed us in an indubitable manner that all the circulation was arrested by the induced current, we still obtained a very marked elevation of temperature due to muscular contraction. We have made these researches with the differential thermometer of Mons. Malferdin; and, like Liemssen, we have at the same time observed that the temperature is elevated the most immediately after the electrization, because at this moment the heat produced by the muscular contraction becomes added to that which the circulation produces.

II.

The study of the action of electric currents upon the muscular system is very vast; but rather than to make it complete, and thus too summary, we believe it more useful to dwell upon some facts as yet but little known, but of very great interest. Better than all theories, and all other experiments, these facts show us the influence which the electric currents exercise upon the muscles under pathological conditions; and show us at the same time, the difference which exists even in view of their contractility, between induced currents and continuous currents.

In paralysed muscles (paralyses of the muscles of the face, traumatic paralyses) the electro-motor excitability by means of the induced current is, in certain cases, completely destroyed; while this excitability is conserved or even augmented by continuous currents.*

Mons. Duchenne has already observed that in trumatic paralyses, the muscles which contract slowly under the influence of volition, do not contract under the influence of induced currents; and Remak has seen that in certain cases the currents of the pile give more energetic contractions than the induced currents; but the first well-authenticated observation on this subject was made by Baierlacher-Schultz. In several cases of facial paralyses he arrived at the following results:

A very feeble current of eight Daniel elements produced contractions at its opening and closing, of all the muscles on the side of the paralysed facial nerve. The same current applied to the muscles of the sound side did not produce any contraction. To obtain the same muscular contraction upon the sound side it was necessary to employ a current three times as powerful. The treatment changed this state of things, for the exaggerated excitability of the paralysed muscles diminished from sitting to sitting; and in order to obtain the same contractions, it became necessary at each interview to increase the number of elements. This diminution of excitability to the continuous current is a sign of amelioration, and the case proceeds the more rapidly when this diminution of excitability occurs more quickly. At the same time, contractions under the influence of induced currents occur little by little, until finally they are as pro-

Die Electricitat in der Medicin. 1866. P. 29, et seq.

* In this paragraph, the employment of the words *constant and continuous currents* appears to be paradoxical, for we only study the influence of the interruption of these currents upon the muscles. Remak has proposed the words "constant labile currents," but as the interruptions are pretty frequent, it is impossible that the currents shall be constant. It is better to employ the expression *currents of the pile*, which presupposes nothing, whether with reference to constancy or continuity; and the more that the effects of these currents, in the cases which we are here studying, depend upon their different origin and not on differences of constancy. In every case it is important to insist upon this fact, that the induced currents (called interrupted) and the currents of the pile (called continuous) differ from each other even when the latter are themselves interrupted.

nounced as upon the sound side; and at this moment the cure is complete.

Liemssen, some years after, had occasion to observe the following cases:

*Facial paralysis.**—Marcus Windisch, aged eighteen years, cabinet maker, was attacked on November 3d, 1863, with a rheumatismal paralysis of the left facial nerve, as the result of cold. Three weeks afterwards, he presented himself at the clinic of Dr. Liemssen, who diagnosticated a complete paralysis of all the ramifications of the facial nerve. The uvula was slightly affected.

Sensibility appeared to be exaggerated in the left side, for both continuous and induced currents produced more pain upon the left side than upon the right.

The induced current localized upon all the muscles and upon all the branches of the facial nerve of the paralysed side did not produce the slightest contraction, even where the current was very strong.

The current of the pile, localized on the muscles or applied to the nervous branches, produced very powerful contractions at each interruption; those of closure being more pronounced than those of opening the circuit.

During the first dozen sittings, he found that the contraction of the muscles of the sound side were never as strong as those of the affected side. A current of six or eight elements of the apparatus of Stohrer, did not produce any contraction upon the right side, while it did produce contraction of the paralysed muscles. By augmenting the intensity of the current, he finally obtained feeble contractions of the sound side, but this same current produced very powerful contraction upon the paralysed side.

The application of the current of the pile did not in any way affect the excitability of the paralysed muscles to the induced current, which never succeeded in causing them to contract. Nor was any contraction obtained in employing induced currents of very slow interruption.

As long as the muscles of the paralysed side did not contract under the influence of the induced current, or of the will, the excitability to the currents of the pile was augmented. But little by little, the superior eyelid and the zygomatic muscle appeared slowly to obey the action of the will, and in the same time a slight contraction was produced by electrizing these muscles with the induction currents.

*Liemssen, *Die Electricitat in der Medicin.* Berlin, 1866, p. 77, et seq.

At the end of six weeks the deformity of the visage was less pronounced, and at the same time the excitability of the muscles under the influence of the currents of the pile was much diminished.

In about fourteen or sixteen weeks no deviation of the visage could be remarked during the state of repose; it was only in the play of the physiognomy that any differences could be detected between the contractions of the sound and the contractions of the affected side. The current of the pile employed at first no longer produced contractions. In place of six elements, it was necessary to use twenty-four to obtain contractions. Finally the cure became complete at that moment, when neither the currents of the pile nor the induced currents were able to produce contractions. But some months later the inductive currents provoked contractions in all the muscles of that side of the visage which had been previously paralyzed. Pretty strong currents of the pile produced only very feeble contractions; that is to say, effects contrary to those which had taken place at the moment of paralysis.

ICE AS A THERAPEUTIC AGENT, WITH SOME ILLUSTRATING CASES.

By Samuel Weed, M. D.

Of Clyde, Wayne co., N. Y.

Read before the Medical Association of Central New York, June, 1869.

The use of ice as a remedial agent is of comparatively recent date. I am not aware of its having been recommended by any of the pharmacopeias of the Eastern Continent, or of that of the United States, to meet any indication in the treatment of disease. So far as my knowledge extends no mention is made of it whatever. At quite an early period, however, the hot bath, the tepid bath, and the cold bath were recommended by high authority, in the treatment of many and various diseases; but ice was not thought of.

Dr. Currie, of Liverpool, about the beginning of the present century, very highly recommended the use of cold affusion in the treatment of certain febrile affections, regarding it about as a specific in the cases to which he considered it applicable.

At a still later date the steam bath has been regarded as a panacea for all the "ills flesh is heir to," by a class of empirics calling themselves "Thomsonians." They use the steam bath to meet the same indications for which

CURRIE would use the cold bath or affusion. Perhaps these opposing and apparently contradictory and irreconcilable theories or systems of practice have some truth mixed with much error. It is evidently unsafe for any practitioner of medicine to ride a hobby. He who looks over the whole field of medicine, and studies disease in all its various phases, without prejudice—everything else being equal, is the safer person at the bed side of the sick.

Within our day, however, bladders partially filled with pounded ice, and carefully applied to the head, have been recommended by a few medical men, as worthy of cautious trial in inflammatory affections of the brain and its meninges. Freezing mixtures have also been highly spoken of by a few practitioners in the treatment of certain forms of erysipelas.

At a still more recent period, ice in rubber bags, applied to the spine, has been used in diseases of a nervous or convulsive character with much, to say the least, apparent benefit. Dr. JOHN CHAPMAN, of London, "considers that ice along the spine increases the general circulation, stops the cramps of voluntary and involuntary muscles, proves an effective remedy in epilepsy and other convulsive affections," etc. Some very interesting cases have been reported in British medical journals which would seem to warrant some portions, if not all, of the above statements.

It is well known that ice is a powerful sedative to the parts to which it is directly applied. It can be used to the extent of destroying sensibility, and of very much lowering the vital forces in any given part when used locally. Hence, the care and sound judgment required in its use, for it may be productive of much harm when used injudiciously. I have spent much time at the bedside in the cases in which I have employed ice, watching carefully its effects upon the pulse, and other symptoms of the disease, in my judgment indicating it as a remedy of the first importance.

Dr. CHAPMAN considers ice as a tonic to the circulatory system when used according to his method. Other writers of high standing entertain somewhat different views from his. I do not propose, however, to theorize upon the *modus operandi* of ice or extreme cold as a medicinal agent; for I apprehend it is of much greater importance to the medical profession to deal with facts than theories. I can conceive of cases in which our practice may be correct, and yet our theory, or the reasons we may give for the treatment pursued, might be radically wrong. When we enter upon the wide field of speculation we may honestly differ; but with well proven facts or results, it is different. Hence the importance of weighing well and recording every fact that may fall under our observation, or come to our knowledge, which, when judiciously applied in the treatment of disease, will alleviate human suffering or cure any of the many ills with which humanity is scourged.

The cases which I propose to report at this time are intended to illustrate only a certain class of diseases to which ice, in my judgment, is peculiarly adapted as a curative agent.

Perhaps it may be said that water at a low temperature—just above the freezing point for instance—would have met all the indications in these cases equally well with ice. But ice evidently has the advantage of being the more manageable of the two. When by its use we have reduced the parts to which it is applied, to a sufficiently low temperature, or have controlled the symptoms which rendered its use necessary, instead of removing it, napkins or toweling may be placed between it and the parts with which it has been in contact to any desirable thickness, thereby preventing the reaction which we wish to avoid, and yet do no harm by continuing the cold. I believe it is generally conceded that if we allow reaction to come on in the cases in which extreme cold is beneficial, by allowing the parts to which it has been applied to be again heated up, it does more harm than good. To be of permanent benefit, it must, to a certain degree, be continuous, and yet so carefully regulated as to do no injury.

Case 1.—Was that of a middle aged married woman, who had been under the care of a neighboring physician, some two or three days before I was called upon to take charge of the case. A consultation had been held, and the prognosis declared to be decidedly unfavorable. The diagnosis was inflammation of the brain. On inquiring into the history of the case, I was informed that she was first seized with the most intense headache, nausea and vomiting. There had been no improvement in the symptoms from the first. In fact she had grown steadily and rapidly worse until the brain seemed to be completely overpowered, and coma was the result. It was in this condition I found her. Her state looked

to me almost hopeless. I was requested to do something, upon the adage that as long as there is life, there is hope.

Ordered ice to be obtained, broken into small pieces and put into a beef bladder, when I superintended its application to the patient's head. I continued the application some seven or eight hours continuously, when she gradually opened her eyes, and looked about the room in the full possession of her faculties. Turning them upon me, she made some very pertinent inquiries as to her condition, and wished to know why I was there, etc. The ice was now removed for a time, and then again reapplied for an hour or more. I then continued its use without much other treatment for a day or so, when it was discontinued; my patient being fully convalescent. Her recovery was complete and without a single unpleasant symptom.

Case 2.—This was that of a boy seven years of age, who came home from school in the afternoon of the month of March, complaining of severe headache, backache, nausea and vomiting, accompanied with chills and fever. Prescribed a cathartic and aconite for the night. Next morning patient no better. Aconite, with cloths wrung out of cold water and applied to the forehead, to be used during the day. Toward evening ascertained that he had lost his vision; was somewhat delirious; surface hot, with a rapid and rather hard pulse; nausea continues; screams occasionally when aroused. Ordered aconite and calomel, with the cloths wet in cold water applied to the forehead, to be continued through the night.

Symptoms not much changed on the following morning; toward evening became very delirious; at times imagines he is quarreling with his playmates; then again sees beautiful visions of angels, and hears charming music; screams when aroused; pulse very frequent, and conjunctiva injected. About sun-down convulsive movements of the left side, at first, slight, but soon continuous and severe, were added to the other unpleasant symptoms. Now ordered ice to be obtained, pounded and placed in an oil cloth bag prepared temporarily for the purpose, and placed upon the pillow and the back portion of the head; from the nape of the neck to the vertex was imbedded into it. It was not long before the controlling influence of the ice over the spasms became manifest. After a few minutes they became less frequent,—and in the course of an hour had entirely subsided. There was now no more screaming; appeared to be sleeping quietly, and pulse began to improve.

After using the ice in this manner continuously for some 2 or 3 hours, it was removed for a half hour or so, and until I saw that reaction was coming on, when it was reapplied for a short time. My patient now appeared to be so quiet that I considered it safe to leave him for the night, with directions to use the ice bag whenever the symptoms seemed to require it.

Next morning found patient lying on a sofa, dressed, extremely cheerful and happy. He said that he felt well. He was very talkative and his eyes appeared brilliant. He was also quite restless and fidgety. I ordered the ice to be used again at intervals through the day to control the yet feverish brain. But to this he would not consent, insisting that he was well enough without it. Very reluctantly I allowed him, until I called again, to have his way. By evening he was worse, if possible, than on the evening previous. A beef's bladder of large size was now procured and partially filled with pounded ice, and placed under his head on the pillow. I again superintended the use of the ice. It was kept under the occipital portion of the head, covering up well on either side of the head for six consecutive hours, when all evidence of undue cerebral excitement had again passed away and he was sleeping quietly. Instead of removing the ice as on the evening previous, I now placed a folded napkin between it and his head. After a few hours other folded napkins were added, lessening thereby the degree of cold. I was careful not to allow the head—especially the occipital portion—to become warm again for a number of days. In the course of two or three days convalescence, although not rapid as in the former case, was fairly established. During the recovery and after the ice bladder had been removed, he would occasionally call for it himself to relieve headache and quiet restlessness. The recovery was complete.

Case 3.—Was that of a boy of seven years, and of Irish parentage. The messenger requested me to call immediately, as it was supposed he was dying. This was in the evening of October 16th, 1868. I found him laboring under very severe convulsions, which were almost continuous. The intermissions or intervals between them were short and without consciousness; bowels constipated. On in-

quiry learned that he had been unwell for a week or more, but not confined to the bed. A few days previous to my visit had taken worm medicine, and some twenty worms of the lumbricoid species came away.

I treated him for nearly two days for worms. During that time he lost seven, but with no improvement of symptoms. His right side was now constantly convulsed; his left apparently paralyzed; pupils contracted—one more than the other; pulse steady; evacuations from bowels and bladder involuntary, and moans at every convulsive movement.

Ordered ice bladder as a pillow, as in previous case—this was 10 a. m. Called again in six hours, and learned that the convulsive movements had entirely ceased. Pulse distinct and less frequent, lies quiet but still unconscious. Directed ice bladder to be continued through the night, with toweling between it and his head; the thickness or number of folds to be graduated by the symptoms. On the following morning found patient perfectly conscious with an improvement in all symptoms, excepting the evacuations from bowels and bladder, which were still involuntary,—continued same treatment for next twenty-four hours when the ice was used only occasionally for some two days or more. The convalescence was quite rapid, and the recovery complete.

Case 4.—On the 17th of December, 1868, was requested to attend upon a female child, twenty months old. Hair, complexion and eyes light; had not yet got through with the first dentition; had been unwell nearly a week; head symptoms most prominent; the gums over the eye teeth being swollen, were lanced; there was considerable fever; tongue coated and bowels very much deranged. After some two days attendance there was constant moaning, with convulsive movement of the muscles of the left side of the neck; feet turned in and fixed upon the ankle. Had counsel; counsel diagnosed tubercular meningitis; prognosis considered unfavorable.

After trying a variety of treatment the ice bladder was called into use as a last resort. This controlled the convulsive movements like magic. But my little patient was so feeble that it had to be used with great care—not allowing it to remain directly in contact with the head for any great length of time without the intervention of folded napkins. Without going into further particulars, I will state that, although convalescence was slow, yet it was complete. During the later stage of the treatment the bladder nearly filled with cold or cool water was frequently used, with very happy effect, to quiet restlessness and promote sleep. At this stage iodide of potassium was administered for its supposed beneficial influence over this class of diseases. Patient fully recovered.

FOREIGN BODY IN FOOT REMAINING HARMLESS FOR A YEAR—EXTRACTION AND RECOVERY.

W. H. H. Githens, M. D.
Of Philadelphia.

Andrew Roth, aged fifteen years, was playing, barefoot, in a grave-yard, when (to use his own words) he felt "something give way suddenly in the bottom of his foot," from which a profuse hemorrhage followed, with complete loss of consciousness. An apothecary bound up a wound in the sole of the foot, and used proper restoratives. The wound soon healed, and the boy returned to his duties at school. It was observed, however, that he did not bring his heel to the ground but used only the of ball the foot in walking.

On June 3d, 1869, about one year after this accident, Andrew came under my care. The wound in the foot had opened slightly and a small quantity of pus was being discharged. The probe revealed the presence of a foreign body. As this body was too large to pass through the existing opening, ether was administered, the opening enlarged, and two pieces of glass, fragments of a porter bottle, were removed. These pieces, fitted together, were three-quarters of an inch square, and had passed directly through the plantar fascia. The cavity left, after this removal, was one and a quarter inches in depth. An application of cold water, containing a small quantity of carbolic acid, was ordered.

Ten hours afterwards, I was summoned and found the patient in great pain, with a broad red line of angioleucitis extending up the leg and thigh, the lymphatics of the groin enlarged, and a fetid, purulent matter being discharged from the wound. As he complained of the cold water lotion increasing the pain, flax-seed poultices, containing carbolic acid, were substituted. Morphia, 1-8 gr., was given every hour, until the extreme pain was relieved, and quinia, iron and muriatic acid were prescribed.

Under this treatment I had the pleasure of seeing all bad symptoms subside; the wound filled up from the bottom, and the boy was soon at school again.

HOSPITAL GLEANINGS.

By Dr. J. B. Burnett.

CASE OF HYDROPHOBIA.

Wm. O'Leary; æt. 48; laborer; medium size; temperate, and has always been healthy; admitted to Bellevue Hospital on Jan. 9th. Between two and three months since he was bitten in the palm of the hand by a dog, which did not seem at the time to be rabid, but which was afterwards killed. The wound bled somewhat, but excited no apprehensions in the mind of the patient, who continued perfectly well until Tuesday, the 6th of January, when he began to experience pain in the right arm and shoulder, extending from the wound in the hand along the inner aspect of the arm, up to the body, and then to the side of the head. This sensation he did not seem to regard as of any moment, and when questioned regarding it, he described it as an ordinary pain which he attributed to having gotten his shoulder wet, the day previous. On Tuesday evening he complained of great chilliness and thirst. His manner at this time was somewhat agitated. When asked to drink, he said that he could not, and he imagined that drafts of air were blowing upon him, which made him feel cold. He was then immediately transferred to the Hospital, and was admitted in an extremely agitated condition, talking rapidly and often incoherently. He complained of being very cold, and asked for more clothes. He walked very hurriedly, and with a tottering gait, but did not appear much reduced in strength. He complained of being very thirsty. When he attempted to drink, he would bring the cup to the angle of his mouth, turning his eyes in another direction, when with a seeming effort of the will, he would seize the cup with his teeth, spilling the fluid on his clothes, while the little which he would succeed in forcing into his mouth, would often be expelled by the spasmodic action of the muscles of deglutition. At the same time, the involuntary action would be propagated downwards to the muscles of the stomach, causing it to immediately expel its contents. This action of the muscles seemed to be produced only by cold fluids, for he appeared to drink warm coffee with moderate impunity. Cold draughts of air did not appear to affect him severely. The pupils were found natural. Pulse 90, and natural. Tongue moist and clean. Respiration natural; no cough; no disease of the chest.

Shortly after admission he began to experience involuntary urinary evacuations on attempting to drink cold water. At 10 P. M., treatment was commenced by the hypodermic injection of gutt. x. of Magendie's solution of morphia every hour. At this time the only change in his condition seemed to be a fear of some danger, and he would often look under the bed, like one with delirium tremens, from apprehension of an imaginary foe. From this time his pulse began to gradually increase in frequency.

Jan. 10th, 8 *A. M.*—Pulse has risen to 140. Pupils much contracted. He often appears to sleep for a moment or two, and then awakes suddenly. The last of the night was spent in comparative quiet At 9 A. M. the patient was attacked by general tetanic convulsions, causing complete opisthotonos, so that only his head and the soles of his feet supported him. These were repeated two or three times at intervals of five or ten minutes, when he died apparently from exhaustion, all his muscles being relaxed.

Autopsy.—Rigor mortis well marked; cadaver well nourished, and of a natural color; pupils natural; thoracic organs healthy; kidneys somewhat congested, and of a darker red than natural; cut surface somewhat granular; the meninges of the brain were much congested, the pia mater more than the dura mater; section of the hemispheres showed numerous red points, indicating cerebral congestion. The meninges of the cord were more congested than those of the brain, and the dura mater more injected than the pia mater. The vessels of the cord were found full on miscroscopic examination. Some of the corpuscles held to indicate inflammatory exudation, were found in the portion of the cord just below the medulla oblongata, but otherwise there were no evidences of inflammation; other organs healthy.

GLYCEROLE OF MORPHIA.

By J. B. Garrison, M. D.,

Of Woodville, Tennessee.

I have used a solution of the salts of morphia in glycerine, as a local application, with such uniform success, in certain diseases, that I feel constrained to give my *experimental* views concerning it to the profession, through the columns of the Reporter.

The proportion of morphia used to a fluid

ounce of pure glycerine varied from ten grains to one drachm.

1. *Carbuncle.* No remedy or treatment has been so successful in my hands in the treatment of carbuncle, as an application of the glycerole of morphia. If applied constantly over the tumor in its incipiency, it will arrest its progress, and effect a *cure* before it assumes the more distinctive features of carbuncle. At a later period I make incisions through the skin, and sometimes when the pain is intense, into the substance of the tumor, and apply continuously the glycerole until the pain is relieved, which has invariably occurred in my cases in less than an hour. The application is continued as often as may be necessary to prevent any return of pain. When called to a case after ulcerated foramina appear in the skin over the tumor, I make no incisions, but apply the glycerole which reaches the seat of disease through the openings. Relief is soon procured, sometimes in less than five minutes, and rapid improvement dates from first application. Strength of solution used in carbuncle is forty grains of sulphate, or acetate of morphia to one fluid ounce of *pure* glycerine. In a majority of cases no constitutional treatment is required. The morphia is a local anæsthetic to the nerves involved in the inflammation. The glycerine, besides being an excellent solvent of the salts of morphia, is emollient, antiseptic and stimulant to the passively inflamed tissues.

2. *Abscesses*, *furunculi* and *ulcers* are relieved as to their pain and get well quicker from the glycerole of morphia than under any other local application. It is hardly necessary to say that care should be taken not to use too much on a surface denuded of the cuticle.

3. *Scrofulous tumors* which resisted tincture of iodine have yielded promptly to the glycerole of morphia, applied every hour during the day. I have used the tincture of iodine and glycerole of morphia alternately, the tumor remaining stationary while the former was applied, but rapidly decreasing when using the latter.

Max Richter, of Vienna, used glycerine with iodine with success in the treatment of swellings, scrofulous and syphilitic in their nature.

4. *Erysipelas* of the ear, in one case, was cured in twelve hours from first application. Only two applications were made, one at 6, the other at 9 in the evening. In the morning not a trace of the disease was left. I have tried it in no other case. Dr. W. Abbotts Smith speaks happily of glycerine alone as a local application in erysipelas.

5. *Otitis.* In a case of severe inflammation of the meatus auditorius externus, from a foreign body, the glycerole of morphia relieved the pain and deafness, and effected a permanent cure in a few days.

Hospital Reports.

BELLEVUE HOSPITAL, NEW YORK.

Reported for the Medical and Surgical Reporter.

DISEASES OF WOMEN.

Clinic of Prof. T. Gaillard Thomas.

Carcinome of the Uterus.

Mrs. C., æt. 34; married; has one son, 16 years old; never pregnant since. For sixteen years she has complained of having a yellow discharge coming on at intervals. One year ago the patient was in attendance upon one of the clinics in the city, and was discharged cured with a diagnosis of endometritis. Three or four months after, I again noticed a discharge; this time it was quite fetid and bloody.

Prof. Thomas said: After some trouble I got a vaginal examination. I found the uterus to be of normal size. I could not detect the os by my finger, but instead found an irregular surface. There is also a hardening of the cervix and vagina. This is the first stage of carcinoma uteri.

In respect to the prognosis, it is needless to tell you that it is very unfavorable if merely the epithelium were involved, or in other words, if we had epithelioma we might amputate, but as it is, nothing of this kind would be admissible. All we can do is to keep up the general health as long as possible, and relieve pain or answer any other indications.

There will be prescribed for her, three times a day, tr. columba, with tincture of the sesqui-chloride of iron; ʒij of the first, and twenty drops of the latter. The object in giving columba as a tonic, is that with the iron you have no precipitate. An injection containing 20 grains of carbolic acid to the pint of water, may be freely used to suppress fetor.

When the patient complains of severe pain, suppositories containing one grain of opium and one-half grain extract belladonna may be put into the vagina.

Epithelial Growth in Rectum.

Mrs. P., æt. 71; widow; has ten children; the youngest 26 years old. Complains of having for over a year a discharge from her back passage; sometimes there is blood and matter in it like the white of an egg. Has also suffered from worms in

the back passage. General health pretty fair; now and then has dyspepsia. Prof. THOMAS said: I have made an examination in this case, and find about three inches up the vagina a soft tumor, having a feeling much like a cauliflower. The rough nebulæ, on pressure, readily broke off. By pulling down on it I brought it outside through the sphincter ani, and thus allowed another lense-light to bear upon it. It is covered with a thick glowy mucus, and on touching it readily bleeds. This might be diagnosticated bleeding, or internal piles. It is, however, true epithelial growth. It may be that the removal of this may prevent its return, and next Friday I propose to operate on it by the galvano caustic. It was formerly my habit to use the actual cautery, but I consider this galvano apparatus far superior.

Ovarian Tumor.

Ann F., æt. 19; to-day shown; from whom three weeks ago an ovarian tumor was removed. The tumor was also shown, being a large cyst containing a large number of smaller ones in the interior.

The operation consisted in making an incision in the median line, six inches in length, evacuating contents of larger cyst, and then breaking down the smaller ones and treating them in like manner. The wound was sewed up; after removal patient kept on her back and given opiates. The pedicle was long and manageable. Seven days after the operation, the clamp was removed, and the patient continued to do well. On the third Thursday patient was sitting up, and to-day, for the first time, she came out by her own request that she might present herself to you.

Procidentia Uteri.

Mrs. A., æt. 73; widow; has 13 children. Patient says she has been in trouble for a year. Prof. THOMAS showed the case to the class, and explained that it was procidentia uteri in the third degree. The statements of the patient as to it existing only for one year are not to be believed, as it could by no means have attained its present state in that time. The bladder is drawn down with it; the measurement of the uterus is $4\frac{1}{2}$ inches. Prof. THOMAS slowly returned first the bladder then the uterus. He said that next week he should remove a portion of the cervix, as advised and performed by Prof. I. E. Taylor. The reason why atrophy of the organ should take place under those circumstances is unexplainable, but nevertheless a fact.

——No less than five medical officers were advertised for in a Dublin newspaper about a week ago —namely: in the Ballymena Union, salary £80 per annum, exclusive of registration and vaccination fees; Caperciveen Union, salary £80; Coleraine Union, £116; Oldcastle Union, £80; the Stranolar Union, £100.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

November 7th, 1869.

Special Report of the Section of Obstetrics.

BY J. J. QUINN, M. D., CHAIRMAN.

Reported by Dr. Hadlock.

(The "other" paper of Dr. Whittaker's referred to, and defined in the following paragraph, was read two or three weeks subsequent to the one on "Palpation of the Pregnant Abdomen," and is here reported on by the section on obstetrics.—REPORTER.)

The other paper of Dr. Whittaker, is

"On the Rectification of the Fœtal Position by External Manipulation."

This paper answers some of the objections made to the first essay, and offers arguments in favor of correcting malpositions in utero, by external manipulations.

Every obstetrician is aware of the advantages of certain positions of the patient during labor, in cases of oliquities of the uterus. And not a few believe that benefit has often been derived from such external manipulations as would tend to bring the os to the axis of the pelvis, and place the body and fundus of the uterus in the proper direction for the descent of the child. It would not be unreasonable to suppose that similar manœuvres, especially when instituted before the escape of the liquor amnii, and after the commencement of labor, so as to be aided by uterine contractions, would be of advantage in correcting some irregular presentations. Cases of spontaneous version and evolution have been recorded, and have occurred in our own city. Indeed, of so frequent occurrence are such cases, that all doubt on the subject has long since been dispelled. When the uterus is found capable of changing a shoulder into a vertex presentation, there is little room to doubt that it might derive assistance from art, in correcting an irregular position. And this has been demonstrated in the operation of cephalic version by the united, internal, and external manipulations of the accoucheur. In some cases it is impossible to perform turning, owing to the mobility of the gravid uterus, without the application of the hand externally to support the organ. The operations of cephalic, pelvic and podalic versions, are materially facilitated by external manipulations. The fœtus has been known to perform evolutions within the womb before the period of gestation had expired. It would not be wonderful if, in such cases, well directed manipulations upon the abdomen could change the position and presentation of the child in utero. But such cases are not very numerous in the individual practice of many physicians. And, besides, the capacity which admits of such free action of the fœtus is not always unattended with danger to the child. We have

seen more than one case in which the cord was found knotted, the result of such evolution. In June, 1851, the writer delivered a woman of a dead, putrid fœtus. The cord was long, and in it was found a complete single knot, so tightly drawn as to effectually arrest circulation. Seven weeks before this the patient had complained of experiencing a singular sensation, attributed, at the time, to anxiety about the fate of a dangerously sick child. The sensation was described as a sudden, tumultuous motion in the abdomen, followed by faintness which soon disappeared, and by a total absence of any subsequent movements in the womb. Perhaps version might have been performed in this instance, had the indications warranted its attempt; but would that have obviated the danger of knotting the cord? The history of this patient's subsequent labors would indicate that this was not the only pregnancy in which the fœtus enjoyed great freedom of action. In March, 1852, we were again called to visit her in confinement. The cord, which was long as in the previous pregnancy, collapsed and despite of every effort to return it, or otherwise prevent compression, its circulation was arrested and the child still born. We were again summoned to attend her in April, 1853. The membranes had ruptured and a fetid fluid was escaping. We expressed the opinion that the child was dead and requested that another physician should be sent for to take charge of the case, as it would be exceedingly unpleasant to deliver the same patient in three successive labors of still born infants. Against this the patient strongly protested and we remained in charge. Puterfaction had taken place in the fœtus as predicted, and the funis, which was again long, had been twisted upon itself in its placental two-thirds, as perfectly as the twist in an ordinary hemp rope. We attended the same woman in three subsequent accouchments, (May, 1854, April, 1857, and June, 1860,) in all of which the presentations were natural, the parturitions easy and the births safe.

The following case, we think, illustrates the possibility of correcting malpositions by slow and what might be termed passive manœuvres upon the abdomen. In April, 1866, the writer was called to see a young married woman, aged 22 years, in the second labor; found the child in a transverse position, and in due time delivered by podalic version, the child dying from pressure upon the funis. We learned from the patient and her mother that similar difficulty had accompanied the first labor, the attending physician having informed them that it was a case of back presentation. As in the second confinement the child was still born. Subsequently we were again called to visit the same patient, and found her about seven and a half months advanced in pregnancy and complaining of constant pain in the right side. From the external figure of the abdomen, in connection with the history of the two previous pregnancies, and the fact that the os uteri was found in its proper situation, a transverse position of the child was suspected. A compress, held in position by a bandage, was applied below and externally to what was supposed to be the pelvic portion of the fœtus, and the patient instructed to lie invariably upon the opposite side of the body. Relief from the pain followed in a few days after the application of the pad and bandage, and a gradual adjustment of the gravid uterus towards its natural position in the abdomen was noticeable up to the period of her third labor, in March, 1868. A vaginal examination then revealed an irregular vertex presentation, which, after twelve hours of severe labor, during which abdominal manipulations were moderately employed, resolved itself into the fifth position of Baudelocque (the anterior fontanelle behind the right acetabalum). We then delivered the woman safely with forcepes. Both mother and child are still living and well.

How often external manipulations alone would rectify unfavorable presentations, we are not prepared to say. But we are not permitted to doubt the testimony of the essayist who narrates a number of successful operations, to which he was an eye witness. We are told, also, that Wigand and Velpeau brought the head into the natural position by mere pressure upon the abdomen; and Cazeaux says that cephalic version has not unfrequently been performed by external manipulations. Our own experience would lead us to believe that the correction of an irregular presentation by external manipulations merely, without the aid of the hand within the vagina, is not always as easy of accomplishment as might be inferred from the reports of the operations of the German professors referred to in the paper. And this experience is based, not upon doubtful or supposed positions, ascertained through the abdominal parietes, but after careful and accurate diagnosis, made subsequent to the dilatation of the os uteri, and before the rupture of the membranes and firm contraction of the uterus upon the fœtus. That external manipulations alone, would be always successful in rectifying malpositions of the fœtus in utero, even in the hands of the greatest adepts, we are far from being convinced; that they will be occasionally successful we have good reason for believing; that they are worthy of trial in many cases, we would not dispute; but we would have greater confidence in success from external and internal manipulations combined.

There is one other point in connection with this subject to which we might allude, and that is the period when abdominal manipulations should be attempted. Upon this point the paper does not seem to be clearly explicit. It is true that some of its advocates claim that the operation should be resorted to as soon as the malposition is discovered—"the sooner the better, the fruit being ripe." But

when, in their opinion, is the fruit ripe? Is it when quickening has taken place, or at the end of gestation? If before the end of gestation, would there not be some danger of knotting or twisting the cord, or of tightening it when coiled around the neck or shoulders of the child, so as to arrest its circulation? Might not the placenta become partially detached and hemorrhage set in? Is there no danger of inducing premature labor from the manipulations? If not, and it were possible to adjust the position, would it remain adjusted until parturition came on? If the operation is not to be attempted until after gestation has been completed, how are we to know when that function has been accomplished? Few women know the exact date of their conception, and the instances are many in which the period of utero-gestation has exceeded the usual time allotted to it. If labor must have commenced before abdominal manipulations are warranted, why should the patient be subjected to such early and frequent examinations as have been contended for?

If external manipulations are to be generally adopted by the profession for the rectification of unfavorable positions of the fœtus in the utero, it is important to understand, as definitely as possible, the period of pregnancy at which it should be undertaken.

The section would conclude by agreeing with the essayist, but abdominal palpation and manipulation in cases of pregnancy, have unquestionably their advantages. Palpation is always of great assistance in determining the existence of pregnancy. It is also frequently valuable in detecting an unfavorable position of the child in utero before the commencement of labor. But the indications it furnishes must not be implicitly relied upon. External manœuvres, when properly directed, are certainly of great benefit in correcting malpositions in certain cases; but, employed alone, they will frequently fail and will always derive assistance from internal manipulations.

MEDICAL SOCIETY OF HARFORD COUNTY, MD.

The regular quarterly meeting of this Society was held in Belair, on Tuesday, November 10th.

The President being absent, because of sickness, the meeting was called to order by Dr. John Evans, the Vice President.

A paper was read from Dr. W. Stump Forwood, on the subject of the "*Binder*" in parturient women; which, on motion, was ordered to be published with the proceedings.

[This paper will be published soon.—Eds. Med. and Surg. Rep.]

Dr. Lee said that his attention had previously been directed to the article of Dr. Corson, extracts from which had been published in the Reporter. He was not willing to discontinue the use of the Binder, *nolens volens*; and while he was willing to accord to every man his opinion, still he reserved to himself the privilege of judging as to the conduct of cases who placed themselves under his care. The remarks that he made when the subject of the Binder was under discussion in this society, were intended, not to amuse Dr. Corson, but to give his reasons why he considered it useful; if they were erroneous, and the subject of ridicule as the learned Doctor above quoted deemed them, he was sustained in the views by the most eminent men of our profession—Meigs, Hodges and others, who not only taught the practice, but did not deem it derogatory to their dignity to even "apply the bandage" themselves.

Dr. Hays adhered to his remarks, made at a previous meeting. The binder was not useful except in certain cases; he had abandoned its general use. His preceptor, Professor Potter, had discontinued its application for years before his death.

Dr. John Evans could not appreciate the force of the comparison between the human female and the lower animals. If it applied in one instance, why not in all? He could not endorse the abandonment of the binder upon these grounds, with any more propriety than he could advise a lady to resume her usual avocations immediately after delivery.

Dr. Lee referred particularly to Meigs' *Obstetrics*, pages 231, 336.

The society then adjourned.

W. W. Virdin, M. D.,
Secretary.

French Medical Officers.

In an analysis which M. Bertillon, the well-known Medical statistician, has just published of M. Chenu's colossal "Statistique Medico-Chirurgicale de la Campagne d'Italie," he points out forcibly how different is the position occupied by the medical officer in the French army to that which he holds in the English and American armies, and does not hesitate to attribute much of the greater mortality that is observed in it to this circumstance. In the French army he is impeded on every side by administrative regulations, and finds all his efforts to overcome these ineffectual. During the Italian campaign it required his high position and immense exertions on the part of Baron Larrey to prevent disastrous overcrowding in the hospitals. Certainly matters have even mended there since the Crimean war, a chapter concerning the fearful mortality of which is supplied by M. Chenu, supplementary to his former account of the Crimean campaign. The important fact is strongly brought out that while during the first winter the English army lost 58 per 1000 of its effective, and the French only 23, during the second winter the English lost only 2 per 1000, the French lost 27, or rather more than the first year, although hostilities had ceased—*i. e.*, fourteen times more than the English.

Editorial Department.

Periscope.

Stricture of the Urethra.

W. F. Teevan, at the last meeting of the British Medical Association, drew attention to the importance of detecting stricture of the urethra in its earliest stage. The ideas as to the sign denoting the presence of stricture were vague. Mr. Teevan defined stricture to be "any diminution of the normal calibre of the urethra, the result of the contraction of organized lymph." The presence of a gleet, of six months' duration or more, might commonly be regarded as the outward and visible sign of the existence of a stricture which might, perhaps, in no way interfere with the flow of urine; and the actual presence of such stricture might be demonstrated by the *bougie a boule*. That instrument was invented by Sir C. Bell, and was by him made in metal. Leroy d'Etiolles improved its usefulness by making it of an elastic material, which allowed the instrument to follow the deviations of a tortuous and deformed urethra; its diagnostic value was still further enhanced by Dr. Henry Dick, who had the shoulder of the bougie made sharp and angular. The *bougie a boule* was simply for diagnosis. It would, as it was being drawn, catch the slightest unevenness in the urethra, and told accurately the slightest change in the mucous membrane. That tissue, in its normal condition, transmitted through the bougie the sensation of traveling along a velvety path; and, if there were any constriction, not only would that fact be communicated to the surgeon, but also the degree of pathological change which the urethra had undergone. The *bougie a boule*, therefore, would detect stricture of the urethra in its earliest stage; and the treatment of such stage might correctly be termed the preventive treatment. When a patient went to a surgeon for a gleet, he ought always to be examined with the *bougie a boule*, for it was necessary to ascertain the pathological condition of the canal before an appropriate treatment could be decided on. If there were constriction, however slight, it would be aggravated by injection, but cured by gradual dilatation. Mr. Teevan, after enunciating M. Mercier's views of the pathology of stricture, discussed the seats of stricture, as deduced from facts observed by himself. He grouped together stricture at the bulb or membranous urethra, and called it "subpubic." This was by far the most common kind of stricture, simply because the triangular ligament favored its production. The next stricture in order of frequency was the "penile," situated at the spot varying from two-and-a-half to three-and-a-half inches from the meatus externus. This stricture was rarely absent, in some degree, when the other was present. The rarest form of stricture was that just within the meatus, the "orificial." Strictures, regarded in their physical conformation, were of two kinds—the "tunnel" stricture and the "ring" stricture. He called them so on account of the sensations communicated to the *bougie a boule* when passing through them. Subpubic strictures were generally of the tunnel kind; orificial strictures were of the ring character; and penile strictures partook of both forms. The measurements given of the length of the urethra varied from seven to eight or nine inches. He had found the average length to be $7\frac{1}{8}$ inches, as deduced by himself, from measuring the urethra of one hundred males. Regarding the treatment of stricture, he stated that, after witnessing the practice of various surgeons, and trying different methods, he had come to the conclusion that there was no treatment equal to that of gradual dilatation by means of the *bougie olivaire* and the piliform bougie, which treatment, he believed, he was the first to introduce into English hospital practice. Forcible dilatation was only applicable to the easier kinds of strictures; it was not devoid of danger; it caused an unknown lesion; it had to be always followed, and often preceded, by gradual dilatation, so that it could only be regarded as an occasional auxiliary in the treatment of stricture. Gradual dilatation was the safest treatment for the patient, for, out of one thousand recorded cases, there had not been one death; all the sufferers could be treated as out-patients, and no man need ever lose an hour's work during the treatment. The *bougie olivaire* glided in so easily that the patient was scarcely aware of its presence. It was necessary to pass an instrument about once in every three or four months, even after an apparent cure. Dilatation ought to be conducted up to the highest size that the urethra would take.

Transfixion of the Heart without Death.

A rare, if not absolutely unique, pathological fact has been communicated to the Institute of Science of Milan, by Dr. Biffi. He showed the heart of Count Philippe Manci, a lunatic, who, in an attack of frenzy, killed his father, and who made several attempts at suicide, dying finally in a successful effort. The autopsy shows a needle implanted in the heart, so that four and a-half centimetres of it extended into the left ventricle, and the point perforating the mitral valve passed for one centimetre and a half into the corresponding auricle.

Inquiry resulted in it being discovered that the lunatic had declared that he had introduced the needle into his heart twenty-two minutes before his death; but, having presented no morbid symptom or functional derangement either of his chest or heart, or even of his pulse, this avowal was taken for one of his numerous fantastic stories.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 18, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. SPECIAL NOTICE!! 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS! AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PYSICIAN'S DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

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4. For **10** *new subscribers*, and $50, the same to the amount of $12.50.

5. For **15** new subscribers, and $75, an elegant Pocket-case of Instruments worth $20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PORTRAIT OF DR. GROSS.

As a NEW YEAR'S PRESENT, we propose to send our subscribers in the issue of the MEDICAL AND SURGICAL REPORTER for January 1st, 1870, *a Splendid, First-Class, Original* STEEL-ENGRAVED PORTRAIT of

SAMUEL D. GROSS, M. D.,

Professor of Surgery in the Jefferson Medical College of this city.

☞ *A few* ARTISTS' PROOFS *of the Portrait will be struck off on boards of a size suitable for framing. Price* $1.00 *each.*

CORPOREAL PUNISHMENT IN SCHOOLS.

The day when the birch-rod formed an invariable adjunct to the furniture of the school-room, has nearly passed. We believe that a shorter road to the intelligence has been found than that through the gluteal muscles. This is well, for a love of study can never be successfully cultivated by associating it with pain and suffering. Still more objectionable than switching is the handier method, not yet obsolete, of boxing, slapping, and rapping the heads of children.

The organs of special sense, and the delicate tissue of the brain are located in the head, and not a few instances are on record where grave maladies have resulted from school punishments. Very recently in Chicago, a teacher caused the death of a little girl by severe punishment. The case was commented on freely by the Chicago journals, and no defense was made by the friends of the teacher farther than the statement that she did not know that the child was hurt so severely. Now we have an account of another injury to a boy, who was struck upon the head with a whip by one of the discipline enforcers of the Reform school near the same city. The facts in the case are briefly stated thus: The boy was heard to make a noise. The discipline enforcer inquired which boy made the noise. Receiving no reply he passed on. The boy laughed. The other struck him on the head with the whip. The boy fell, crying, upon the floor. He was carried to the dormitory, and continued to cry. After a time he became insensible, and shortly after died. Commenting on the case, a Chicago paper says satirically:

"Of course the blow on the boy's head was not the cause of his death. That has been solemnly decided by the board of education, in a case almost analogous. Oh, no! The cause of death was 'congestion' or 'suffusion' of blood, or a discontinuance of respiration, to which the boy had a constitutional predisposition, the result of that imperfect organization which is supposed to be common to the human species. Oh, no; the whipping post in the public schools had no relation to this case of child killing; none whatever."

Briefly, nature never made the human head for a switch block. Striking children on the head and boxing their ears is a capital method of inducing deafness and diseases of the ears and eyes. The old system of back scarring and palm blistering would seem to be infinitely preferable to the Chicago plan. Altogether, we are inclined to view corporeal punishment in schools as a relic of barbarism unjustifiable in ordinary circumstances.

CASE OF DR PAUL SCHŒPPE.

This case is exciting so much attention that we must give a brief history of it. We condense it from the Washington *Chronicle:*

Dr. Schœppe is a young man, about 25 years of age, a German by birth, and a graduate of the University of Heidelburg. For some years back he has been practicing his profession with success and reputation at Carlisle, Pa., where his father resided and had charge of the Lutheran congregation.

During the summer of 1868 Miss Steinnecke, a maiden lady, resident of Baltimore, and full habit, about sixty-five years of age, visited Carlisle, where she had relatives. While there, owing to some indisposition, she consulted Dr. Schœppe. The acquaintance thus begun proved agreeable, and was followed by a proffer of marriage, which was accepted.

Nothing disturbed the harmony of their friendship or intercourse until Miss S. was taken sick on the 27th of January, and dying on the 28th, 1869. She was attended by two physicians, Schœppe and Hermon, the latter having been called in by the former as soon as he found the case assuming a serious aspect.

The only medicine given, that is in evidence, was an emetic, composed of two grains of tartar emetic and ten of ipecac, administered by Dr. Schœppe, at the commencement of her illness, to relieve an oppression of the stomach from a supper of beefsteak eaten the day before. The medicine acted properly, but the patient became prostrated, perhaps paralyzed, followed by profound stupor, ending in death about thirty-four hours after the commencement of the attack.

Her remains were taken in charge by her relatives, and removed to Baltimore for interment, accompanied by the Doctor as a mourner. On the 1st of February, the Doctor, through his counsel, filed in the Probate Court of Baltimore a document, purporting to be the last will and testament of Miss Maria Steinnecke, dated December 3, 1868, whereby all her property was left to Dr. Schœppe, her lover and physician. The subscribing witnesses to the will are Dr. Schœppe and F. Schœppe, his father.

When this was revealed, the relatives had him arrested on the charge of poison.

The trial developed most conclusively to all dispassionate readers of the report given of it that the prosecution failed utterly to prove the *corpus delicti*, and that the contrary clearly appeared that the death ensued from natural causes; and further, it was particularly made evident that the facts relied upon by the prosecution and the means employed by the chemist to prove the presence of prussic acid in the stomach, were utterly unreliable, and made the very poison he was in search of, the tests he used not being the most approved or exact. So complete was the error of the chemist made to appear by the evidence of other experts and competent chemists, that the judge, in charging the jury, felt called upon to direct them to reject the prussic acid theory and inquire into narcotics, which the testimony of Dr. Aiken, as we have just stated, was that he had looked or tested for all the ordinary mineral and vegetable poisons, including morphia and strychnine, but none were present. But that monster, suspicion, had firm hold upon public opinion, which had already adjudged the doctor guilty and were determined to punish him. The indictment against the doctor charged him with wilfully taking the life of Miss Steinnecke, by the administration of poison; and, although not one iota of evidence from beginning to end went to sustain this allegation, yet the jury found him guilty of murder as indicted.

Meetings have been held in most of the Eastern cities, and strong ground taken to show that his execution, appointed for the 22nd inst., cannot take place except as a judicial murder. We hope the Governor will reprieve him, as there is every reason to believe him innocent.

PHILADELPHIA UNIVERSITY OF MEDICINE AND SURGERY.

In our issue of December 4th, a note from J. T. DAVIS, M. D., of Laconia, Indiana, was published, wherein the above named institution was charged with selling diplomas.

We have been requested by the Faculty to contradict the statement of Dr. DAVIS, and to call upon him for the evidence he says he is possessed of to support his statement.

We published the letter as it came to us without any personal knowledge of the fact.

Notes and Comments.

Premiums.

It will be observed that we have offered liberal premiums in the shape of books and Surgical instruments for new subscribers. Two or three of our old subscribers object to this as unfair to them. We can only say to these that we are compelled, in this matter, to yield to custom. Their own names were possibly procured by means of agents. Every publication has to employ some agency to obtain subscribers—and if our readers will take pains to observe, they will notice that many of the most important and successful literary enterprises in the country offer premiums with an apparent extravagant liberality for new subscribers. It appearing to be necessary, in self defence, to adopt the custom, we shall be as liberal as any of our cotemporaries, and, if we mistake not, study more the interests of our subscribers in the character of the premiums we give.

As to our old subscribers, we shall do justly by them in making use of increased means to improve the value of our publications. Besides, we have in contemplation a very valuable present to our *old* subscribers, who have stood by us through years of trial and discouragement—a present that will take months to prepare, and which, when completed, will be a valuable contribution to the medical history of the country.

☞ It must not be forgotten that hereafter we charge *Ten Cents* for stamping the name on the POCKET RECORD.

The Cattle Plague.

CIRCULAR LETTER OF SECRETARY BOUTWELL.

WASHINGTON, D. C., Dec. 6.—The following circular letter was to-day sent to Collectors of Customs at all the principal ports of the United States:

SIR: The Department is advised that a contagious disease affecting the hoof and mouth of neat cattle and other animals is now prevalent in Europe, and as it is of the utmost importance that the introduction of this disease into the United States shall be prevented, you are hereby instructed not to allow the landing of any animals brought into your port from England or from the continent of Europe, except upon the production of a consular certificate that they are free from any contagious disease, and that no such disease prevails in that country from whence exported. All regulations heretofore issued which are inconsistent with these instructions are hereby rescinded.

I may also add that under date of the 29th of October last, the Secretary of State was requested by this Department to instruct Consular officers not to give certificates to persons shipping cattle to the United States, except in cases where the animals have been examined by a Government inspector or other expert, and pronounced free from disease; and further, that no animals coming from the vicinity of the disease are to be certified by the Consul. I am, very respectfully,

GEORGE S. BOUTWELL.

Error in Paging.

Our readers will observe that commencing with number 660, (Oct. 23,) there is an error in paging, one hundred pages being dropped. The first page of that number should have been 329. This error continues to number 667, Dec. 11th.

Correspondence.

DOMESTIC.

Marriage in Consanguinity.

EDS. MED. AND SURG. REPORTER:

SIRS: I propose to occupy a small space in your journal on the subject of intermarriage of relatives. I admit that it is the general opinion that consanguine reproduction and marriages are contrary to both the laws of God and nature. In support of the former, the 18th chapter of Leviticus is frequently adduced, although it cannot reasonably be construed to refer to any such thing: "none of you shall approach to any that is near of kin to him, to uncover their nakedness." Specifying, among others, *father*, *father's wife* (not mother), uncle's *wife*, brother's *wife*, and son's *wife:* none of which refers to consanguine reproduction or marriages. Now contrary to their assumption, it is generally conceded that an all-wise being created man and woman, a single pair only, who were the propagation of all the rest of humanity; consequently God being the author of all things, he must have had positive knowledge that reproduction could *not* be contined, only through consanguine intercourse, as he had provided no other means; this would seem to be sufficient to demonstrate the propriety of consanguine reproduction. Yet, we have further demonstrations, for antiquity has taught us that the products of such intercourse were of superior physical power, extreme longevity, and original intelligence. Now, in regard to nature's laws, it should suffice to know that *they* cannot possibly antagonize the productive arrangement of God, their author; however, to further demonstrate that this omnific plan of reproduction coincides with the laws of nature, I will refer to the communication of M. Sanson, which was laid before the French Academy of Science, on the results of such intercourse of animals, in which he reported a number of cases of horses, horned cattle, &c., where the progeny from such intercourse proved favorable to physical development; among which was the famous horse, *Flying Childers*, he being the brother of his maternal great grandsire. He also stated that the best *bulls*, and the best and richest milch cows were the results of such intercourse. As I was brought up among farmers on a farm, I will here state that the same principle was practically admitted by a large majority of farmers; for neighbors would patronize with their cows a farmer who kept a superior bull in his own family of cows for years, until another was raised from the same sire to supply the same neighborhood. I knew a fine stallion which was kept as a sire in the same neighborhood, for about twenty years; bucks were kept in the same family of sheep; and cocks in the same family of hens, generally until another was produced from the same sire to fill his place.

I now know a splendid family of hens, produced in this same manner, which cannot easily be excelled in looks or productiveness. In none of these cases did they claim degeneration; but seemed to think they were perfecting improvement; and why not? For how can a full-blood be so nearly perfected as by the nearest in kin?

Before closing, it may be well to offer more testimony in regard to the human family. Dr. PATTERSON, the Superintendent of the Ohio Idiotic Asylum, stated that he had been particular in his inquiries, as to the progenitors of idiots in that institution, which proved that but *two* per cent. were from consanguine progenitors. Here I will again offer my own experience, which coincides with the preceding statements and conclusions. I can call to mind about thirty pairs, who married cousins; and do not know of one unfruitful pair among them; not one child the least idiotic, but all fully up to the medium standard of intelligence, and some admitted to be above the standard of health, also fully medium. I know of but one death from tubercular diseases; that occurred at about the same age that the mother died with the same disease. Cases have been reported where a man

was father to his daughter's child, and a brother, who was father to his sister's child, without the least mental or physical disability. All these facts are stubborn things to come in contact with presumptive evidence.

New York City. D. L. D. SHELDON.

Notes on the Adirondack Mineral Spring.

EDS. MED. AND SURG. REPORTER:

Every year brings into public notice a mineral spring, which is proclaimed by its sanguine proprietors as being endowed with extraordinary properties in curing many obstinate diseases, if it is not actually put forth as a panacea for all. While we may smile at these extravagant claims, we should at the same time cheerfully receive every agent of this kind which, properly tested, must serve to enrich our Materia Medica. Among the latest on the list is the Adirondack Mineral Spring, the water of which although only used medicinally in the last year, has already attracted considerable notice for its undoubtedly curative powers. The spring is in the town of Whitehall, at the head of Lake Champlain, in the State of New York, and obtains its name on account of its issuing from the base of one of the Adirondack mountains.

As in the case of some other mineral waters, the Adirondack gives no intimation, in its sensible properties, of its therapeutical activity. It has no very marked taste, and it is without smell. Temperature 52° F. Some time after it has been drawn, we see a precipitate of a reddish color, which may be due to the iron in the water, but which is, on shaking the bottle, dissolved. A careful analysis of one imperial gallon of the water of the Adirondack Mineral Spring, by Professor P. Collier, of the Vermont University, at Burlington, gives 47,275 cubic inches of free carbonic acid, and the following solid contents:

	grains.
Sulphate of Lime	11.1340
Carbonate of Lime	18.5430
Carbonate of Magnesia	16.6180
Carbonate of Iron	5.0400
Carbonate of Manganese	traces.
Carbonate of Soda	5.1380
Carbonate of Potassa	5.3170
Carbonate of Lithia	.0230
Chloride of Sodium	14.3400
Alumina	traces.
Silica	.7420
	76.8920

The Adirondack water must be regarded as an active chalybeate, and holding in solution the alkalies and alkaline earths. Of the former there is not only soda, but also potassa, which latter seldom met with in mineral waters, and lithia, of still rarer occurrence. Could we draw inferences from analysis, in the present instance, for our guidance therapeutically, we might expect to find this water of remedial value in chronic diseases of the stomach and bowels, and of the kidneys and skin, the two last mentioned of which are so largely caused and kept up by the first. Experience goes far already to realize favorable expectations of this nature, as I am led to believe, both from personal observation and the cases kindly communicated to me by professional friends.

The Adirondack water acts powerfully on the kidneys, and, as a diuretic, it will meet a number of indications in the treatment of disease in various forms. Dr. D. H. AGNEW has used it in five cases with most satisfactory results. The first he describes was that of a man suffering from symptoms of stone with aluminous and bloody urine, which was also very scanty. All the ordinary diuretics had been employed without avail, the urine became ropy and exceedingly offensive. Dr. A. then directed the use of the Adirondack water. "In 36 hours the urine became copious and soon free from mucus, and washed out two calculi, the size of a coffee grain each." In the second case, which Dr. A. believed to consist in a retention of the calculus in the pelvis of the kidney, he ordered the water, which produced such a profuse flow of urine that the patient was obliged to stop its use owing to his being so much disturbed by it at night. The third case was of a married lady who had albuminous urine, but no renal casts; she passed very little urine. The water acted powerfully, affording prompt relief. This patient recovered perfectly, although she had been confined to her room for several weeks under the usual treatment. The fourth case was that of a female suffering from rheumatism. The use of the water excited very free secretion of the kidneys, so much as to require its continuance in small doses. The fifth case was one of nephritic colic, with scanty and bloody urine. The action of the water in this case was equally prompt as in other instances, and caused the discharge of a large sized concretion. Dr. Agnew, in conclusion, thinks there can be no doubt of the powerfully diuretic properties of the water. The dose prescribed by him was a small tumbler full three times a day.

Dr. E. WALLACE tells, with great satisfaction, of the curative power of the Adirondack water in a case of sub-acute rheumatism. The patient had been reduced to a state of extreme debility, which called for an actively tonic treatment—apart from his rheumatism, which was very severe, particularly in one knee. Dr. W. had recourse to the mineral water, the first sensible effect of which was greatly increased diuresis and restoration of the renal secretion, which had been previously quite scanty. He gave the water at the same time with other remedies, and he found that when it was discontinued the secretion of urine became at once imperfect, but was soon restored and increased with the renewal of the use of the water. He regards it as superior to any of our known diuretics. By a persistent use of the water his patient was cured of the rheumatism.

In a case of pleural effusion with partially solidified lungs, in which it was desired to excite the

kidneys to increased action, Dr. Da Costa and I had recourse to the Adirondack water, after the unsuccessful use of different diuretics. The result was a large increase in the discharge of urine, which had been previously much diminished, and a restoration to the ordinary quantity in health. The water acted beneficially, also, on the stomach by improving the appetite. Of the actively diuretic operation of the water I have, at this time, an example in the case of a man grievously afflicted with rheumatism of long duration, and most affecting the hands, knees and feet. The fingers from being contracted on the palms are now capable of easy extension since his drinking the water.

The physicians at Whitehall seem to concur in a favorable opinion of the remedial virtues of the Adirondack water. Dr. Shumway has come to the following conclusions respecting it: "Its general effects are stimulant, tonic and diuretic; in excessive doses producing headache, giddiness, oppression of the stomach, and an irritation of the urinary organs. In proper medicated doses it promotes digestion, increases the flow of urine, gives tone to the capillary vessels of the skin, and is a healthy stimulant to the secretory and excretory organs generally." Dr. S. speaks highly of the use of the water in all chronic cutaneous eruptions, and in chronic rheumatism. In this last mentioned disease its efficacy has been very decided. The same may be said with even greater force when given in diseases of the kidneys.

Drs. Long and Bennett cite, each a case, of diabetes mellitus, cured by the use of the water; the first in ten weeks. In four months this patient gained fifteen pounds in weight. Dr. Long has prescribed it in a case of Bright's disease, "with the happiest results." We read, also, of instances of the speedy and permanent relief offered by drinking the water in gravel, and in difficult painful urination, and at times complete obstruction, so that a catheter had to be introduced. However much one may mistrust the marvellous accounts of cures given by over zealous patients, the following, coming from an inhabitant of Whitehall, and liable to be contradicted by persons on the spot if it were inaccurate, is introduced here as a curiosity, both in pathology and therapeutics. The patient was a Mr. Warren, who describes himself as having "been afflicted with a severe and painful disease of the kidneys for fifteen years, an inveterate eruption of my whole face and scalp for ten years, and baldness for three years." Mr. Warren adds, "that by the use of the Adirondack spring water for nearly two months, both internally and externally, the disease of the kidneys is cured, and the eruption on the face and scalp has nearly disappeared. More wonderful and unexpected still, a fresh crop of hair now covers the entire, previously bald surface."

In diseases of the alimentary canal—dyspepsia, chronic diarrhœa and dysentery, the water has been taken with satisfactory results. For the conjunction of rheumatism with dyspepsia—quite a common occurrence—this remedy has been successfully prescribed. Although its sensible action on the bowels is commonly of no very decided nature, it sometimes is an aperient, and generally may be considered to act secondary on the liver, as it does in a striking manner on the kidneys and urinary organs generally. We are free, therefore, to anticipate its therapeutical value in hepatic congestion and obstructed biliary secretion and jaundice. Cases are furnished of its beneficial effects in costiveness.

The large proportion of iron found in the Adirondack water would point, at once, to its use as a tonic, in a large number of diseases in which anemia and general debility prevail. These would include various disorders of the uterine system—amenorrhœa and leucorrhœa, and also chlorosis. Nervous disorders,—hysteria, hypochondriasis and chorea, we may believe, would be cured by the water. Already we learn from Dr. Bennet, that he has cured a case of importance by it alone.

The dose of the water in the greater number of cases, is a half pint tumbler three times a day. In others, half this quantity will suffice. In general it ought to be taken, at least in the beginning, under medical directions.

John Bell, M. D.

Philadelphia.

The Hypodermic Syringe.

Eds. Med. and Surg. Reporter;

I notice in your issue of November 20th, a communication from Dr. H. C. Smith, of Millville, R. I., in which he states that lately, for the first time in his practice, he made use of the hypodermic syringe in a case of compound fracture, where chloroform could not be administered during dressing, and that he was surprised at the prompt manner in which it relieved the patient of pain, etc.

Now, what I desire to call your attention to is not that the effect of one-half grain of morphia, injected hypodermically, is so surprising, for that fact is easily explained to the satisfaction of any one anxious to study the subject, but what surprises me *is*, that, in the language of your good-intentioned correspondent, there should be professional brethren who know of the hypodermic application of remedies only by hearsay, and who have either not the courage or are too indifferent to try it, although this subject has now been before the profession some fifteen years, and much has been written upon it.

Now, as to the case reported, it presents only a fact witnessed innumerable times before. Was the result in the case reported different than where a narcotic is injected for neuralgia, gout, rheumatism, colic, before surgical operations? The nervous system was acted upon through the circulation instead

of through the stomach, lymphatics, etc. That it needed only one-fourth of a grain each time and affected him so promptly was due to his individuality. In some it requires more, in some less. But four times the amount injected would hardly have produced the same effect by mouth. Sometimes one-twentieth part will do it. Cases similar to the one reported are of constant occurrence. Let me state one.

Some years ago an English sea-captain tried to commit suicide during a fit of delirium tremens, at the Tremont House, Boston. When I was called to see him he had cut his arms and throat with a razor, but had not severed any arteries sufficient to prove fatal. The spectacle was a ghastly one. Four or five strong porters tried to hold him; he fought them all. His body as well as the walls of the room were besmeared with blood. The wounds had to be dressed; some vessels to be tied in order to save him. Could any anæsthetic be admiuistered at that time? clearly not. At this critical moment I thrust my syringe, a constant pocket companion with me, charged with sixty drops of Squib's liquor opii comp., into his back, and repeated the operation four times, which was as often as I could approach him. In about fifteen minutes after the last injection this raving man succumbed, grew indifferent to pain, laid down as peaceably as a lamb and had his wounds dressed, with his eyes wide open, directed upon me and my assistant, yet entirely free from pain. When the dressing was done he went to sleep and woke up a *wiser* if not a *better* man.

I see in this morning's *Sun* the case of Mr. Richardson, of the *Tribune*, who was shot, was similarly treated by hypodermic injection, and with equal success. (Vide *Tribune* of March 15th, 1867, as quoted in the *Sun*.)

Cordially yours,

A. RUPPANER, M. D.

Fifth Avenue Hotel,
New York, Nov. 25, 1869.

Iodoform in Nervous Diseases.

EDS. MED. AND SURG. REPORTER:

I was called, in March, 1866, to see Mrs. V., æt. 40 years; been married 18 years; never conceived; catamenia easy and regular; general health, appetite and appearance good; stated that she had, sometime since, in attempting to raise a jar of milk from the floor, been suddenly attacked with an acute pain in the left leg, extending along the course of the sciatic nerve, even to the extremity of the toes.

When first attacked, an "Eclectic" practitioner was called to the case, and by the way a clever man and a gentleman. He of course pronounced her case amenable to treatment, but to his disappointment, after treating the case nearly two months, and exhausting not only his skill, but his whole *armamentarium medicum*, without the least benefit to the patient, honestly advised her to *try some other physician*.

Her husband then called me to see her, stating, however, that he wished me not to take the case, unless I felt confident that I could relieve her, as he regarded her case as incurable, and, of course, did not wish to expend time and money without a prospect of benefitting her.

I examined the case carefully; found her general health good; no catamenial or discernible uterine derangement; complained of nothing, whatever, except this intolerable neuralgic pain, unaccompanied with heat, swelling or discoleration. She had been confined to bed two months. I told her and her husband that I was confident I could give her relief, thinking at the time I could readily relieve her with iron, quinine, belladonna, arsenic, counter-irritation, etc. Here I was *also* disappointed. I treated the case *two months*, exhausting everything at my command adapted to the indications, viz: The bromides, iodides, arsenic, strychnia, belladonna, hyoscyamus, iron, quinia, opium, valerian, aletris far., counter-irritation, hypodermic injections of morphia, atropia, etc., without the slightest amelioration of symptoms.

About this "juncture of the moment" I became somewhat discouraged; so did the patient and husband. Just about that time I read an article in the REPORTER, from the pen of Dr. Styles Kennedy (if I am not mistaken), who stated that he had treated a *similar* case with "iodoform et ferri," *successfully*.

Hence, I told her husband that I was not willing to submit the case without another trial, that if their was any virtue in "sweet oil and perseverance," I would succeed. I immediately ordered the pill, iodoform et ferri, from Wm. R. Warner & Co., in your city, and commenced giving them *two ter die*. In seven days the pain was gone, and she resumed her household duties; cooking, washing, etc., after four months' confinement to bed.

She calls them her "magic pills." She remained well until January, 1868, when the disease threatened to return; a few of the same pills, however, soon relieved her, and she is still in good health.

Iodoform is *invaluable* in all nervous, histerical, neuralgic, rheumatic and cutaneous diseases.

I have written this above expressly to call the attention of the profession to *this drug*. Would like to hear the views of those who have any experimental knowledge of its therapeutic properties.

Very respectfully,

A. L. HAMILTON, M. D.

Kenton, Tenn.

Army and Navy News.

Relative Rank in the Navy.

The report of the Secretary of the Navy recently presented to Congress, contains the following on the subject of relative rank:

The subject of relative rank in the various corps of the naval service is one of much interest and some difficulty. Some of these corps are dissatisfied with their position under the law as it now stands, but there is no power in the department to change this, even should the propriety of such action be admitted by all. Rank can only be fixed by law. This subject, involving at the same time so many considerations of discipline, efficiency, and feeling, is now pressing for wise and dispassionate

legislation, having in view only the best interests of the service.

A Board composed of officers of high rank and long experience, representing equally the various personal interests involved, has been constituted by the department to consider and report some proper system for the regulation of this matter. Pending the report of this Board I desire to express no opinion on the subject-matter of their consideration. Should they be able to arrive at a proper conclusion, the result of their labors will be at once communicated to Congress for their information.

OBITUARY.

HAZARD ARNOLD POTTER, M. D.

DR. POTTER was born in Potter township, Ontario (now Gates) county, New York, December 21, 1811, and died December 3, 1869. He was graduated M. D. at Bowdoin College in 1835, and began the practice of his profession in Rhode Island, but after a residence there of a few months, returned to his native town. In 1853 he removed to Geneva, N. Y. We believe he is the only surgeon who has successfully trefiined the spine. In 1845 he removed depressed portions of the arches of the fifth and sixth vertebræ; he has performed the same operation four times since—two of these cases were perfectly successful. Dr. POTTER was early convinced of the safety of operations within the abdominal cavity, and in 1845 performed gastrotomy, for the relief of intussusception of the bowels, with perfect success. He was the second person in the United States to remove ovarian tumors, and his operations with this object number between 40 and 50. Dr. POTTER is believed to have been the first surgeon who called attention to the presence of arterial or bright, red blood, in the veins of the parts paralyzed by depressed fracture of the cervical vertebræ which he first observed in 1837. In these cases, he believed that if the patient lives the ganglionic or sympathetic system, after a few weeks, assumes that function of the cerebio-spinal axis which regulates the process of assimilation and nutrition. In a case of amputation at the hip-joint, reported in the *New-York Journal of Medicine and Collateral Science* (June, 1845), he introduced a method of amputation in such cases which was at that time deemed novel, and which an eminent Edinburgh Surgeon pronounced the discovery of the nineteenth century. Proceeding as if for amputation at the upper third of the femur by flaps, he extended the internal incision up to the trochanter major, and dissected out the head of the cone, by this method obtaining among other important advantages a large muscular stump for an artificial limb. Dr. POTTER during the war was a most uncompromising Union man; although having lost a leg—in his youth—he joined the 50th Regiment N. Y. Vols. as surgeon, and continued through McClellan's peninsular campaign, when his health obliged him to resign. Subsequently he responded to the call of the Surgeon-General at the battle of Gettysburg, and gave his valuable services to his country. During the last four years of his life Dr. POTTER was a prominent advocate of temperance and contributed much of his time to that cause. The immediate cause of his death was inflammation of the lungs.

EDWARD SWIFT, M. D.

At a meeting of the Easton Medical Fraternity, held November 8, 1869, the following physicians were present: Samuel Sandt, J. J. Detwiller, J. Mixsell, Stephen Laubach, Daniel Lachenour, C. C. Field, G. B. Slough, C. I. Roseberry, C. C. Jennnigs, Evan Slough, Henry D. Lachenour and Henry Detwiller.

The object of the meeting having been stated, on motion of Drs. Field and Jennings, a committee of three was appointed to draft resolutions expressive of the sense of the meeting, with full power to act. The following named gentlemen were appointed said committee: Drs. Field, Jennings and D. Lachenour. In accordance with the above action the committee prepared the following resolutions:

WHEREAS, It having pleased the Almighty in His infinite wisdom to remove by death our late associate in the profession DR. EDWARD SWIFT, therefore be it

Resolved, That in his death we recognize a loss to the members of our local profession of a zealous and devoted brother; to his patients of a kind and conscientious friend and physician, and to those connected with him by ties of consanguinity, of a relative whose intellectual, moral and social character, entitled him to the warmest affections, and of whose professional career they might well be proud.

Resolved, That whilst we deplore the loss of our professional brother, we tender to his family our heartfelt condolence in their irreparable bereavement; and as a mark of respect that we will attend in a body the solemn ceremonial by which his body is consigned to dust.

Resolved, That in our heartfelt sorrow we tender to our fellow member, Dr. E. C. SWIFT, our warmest sympathies for the bereavement he has sustained in the loss of his father.

Resolved, That the proceedings of this meeting be published in the Easton daily papers, and in the medical journals of Philadelphia.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

EVANS—DENISE. Nov. 30th, in Franklin, Ohio, by Rev. H. W. Taylor, Dr. J. R. Evans, assistant Surgeon at the Soldiers' Home, Dayton, Ohio, and Miss Julia H. Denise.

FARROW—TRIMMER. On Wednesday evening, Oct. 20, at the residence of the bride's parents, Middle Valley, N. J., by Rev. Mr. Blauvelt, Levi Farrow, M. D., and Miss Allie Trimmer, all of German Valley, N. J.

HART—BURTON. In New York, Dec. 3, at St. Ann's Episcopal Church, by the Rev. Dr. Gallaudet, Dr. Chas. A. Hart and Virginia, daughter of the late William H. Burton.

JAMES—EVELAND. On the 2d inst., at the residence of the bride's parents, by Rev. Theo. Stevens, Dr. John E. James and Maria L. Eveland, both of this city.

KNIGHT—WHITTIER. In West Lebanon, N. H., Nov. 17th, at the Cong'l Church, by Rev. J. H. Edwards, Edwin A. Knight, M. D., of Lebanon, and Miss May C. Whittier, of White River Junction, Vt.

MCCORMICK—WOODS. Nov. 16th, by Rev. Dr. Marshall, assisted by Rev. Messrs. J. C. Boyd and S. P. Jennings, John C. McCormick, M. D., of Mount Washington, and Miss Ada M., daughter of John Woods, Esq., of Bethel, Allegheny co., Pa.

DIED.

BRIGGS. In New York, Dec. 3, Chas. A. Briggs, M. D., in the 70th year of his age.

MAYER. At Wilkesbarre, Pa., Dec. 7, Ellen McCall, daughter of the late Ralph Peters, Esq., and wife of Dr. Edward R. Mayer.

MILLER. Oct. 29, at Wickenburg, Arizona Territory, Geo. W. Miller, M. D., formerly of Philadelphia.

ROBBINS. In this city, on the 4th inst., Emily Alice, daughter of Dr. Charles W. and Emily R. Robbins, aged 3 years.

VAN ARSDALE. In New York, Dec. 8, Anne C. Hillman, wife of Henry Van Arsdale, M. D., and daughter of the late William Hillman.

METEOROLOGY.

NOV.	29,	30,	D. 1,	2,	3,	4,	5.
Wind.....	S. W.	S. W.	W.	N. E.	N. W.	S.	S. E.
Weather.	Clear	Cl'dy Sh'ry	Clear	Cl'dy Snow	Clear	Cl'dy	Cl'dy
Depth Rain		1-10					
Thermom....							
Minimum..	22°	28°	32°	25°	20°	16°	30°
At 8, A. M.	33	49	51	34	30	22	38
At 12, M...	45	54	51	35	34	30	41
At 3, P. M.	44	55	48	35	33	31	38
Mean.....	36.	46.50	45.50	32.25	29.25	24.75	36.75
Barometer..							
At 12, M...	30.1	30.1	30.	30.1	30.1	30.1	30.1

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